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AND

ITS APPENDAGES

BY

AUSTIN MELDON

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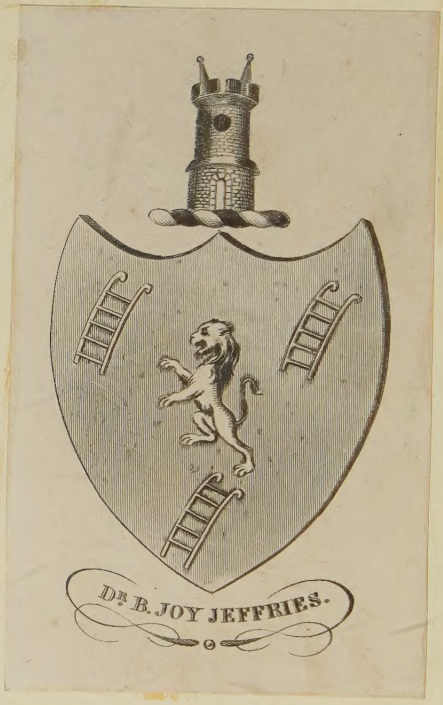

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SKIN DISEASES.

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A TREATISE

ON

DISEASES OF THE SKIN

AND

ITS APPENDAGES.

BY

AUSTIN MELDON,

Licentiate of the King and Queen's College of Physicians, and of the Royal College of Surgeons, Ireland; Licentiate in Midwifery of the King and Queen's College of Physicians, Ireland, and of the Rotunda Lying-in Hospital; Surgeon to Jervis Street Hospital, Dublin; Double Gold Medallist, First Prizeman, and late Demonstrator of Anatomy in the Catholic University of Ireland; Gold Medallist of the Pathological Society of Ireland; Member of Surgical, Medical, and Obstetrical Societies, &c.

Read Aug 19th 1873
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LONDON:
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TO

MICHAEL HARRY STAPLETON, M.B.,

FELLOW AND EXAMINER IN SURGERY OF THE ROYAL COLLEGE

OF SURGEONS, IRELAND;

SENIOR SURGEON TO THE CHARITABLE INFIRMARY,

JERVIS STREET,

This Volume is Dedicated,

AS A TOKEN OF THE AUTHOR'S

HIGH ESTIMATION OF HIS GREAT ABILITIES BOTH IN SURGERY

AND MEDICINE, AS WELL AS

AN ACKNOWLEDGMENT OF THE MANY FLOWERS

PLUCKED FROM THE GARDEN OF HIS VAST EXPERIENCE,

BY HIS

COLLEAGUE AND FORMER PUPIL,

AUSTIN MELDON.

PREFACE.

Of all the diseases met with in hospital and private practice, none present greater difficulty to the junior practitioner than those of the skin; and, considering how large is the proportion of such affections, the importance of their study admits of but little doubt. Very slight progress has, however, been made in the pathology and treatment of those affections. The microscope has revealed the existence, in certain diseases, of vegetable and animal parasites: but, beyond this, we have not advanced. In comparison with other branches of medicine we have made little progress, and even for this little the profession is indebted much more to France and Germany than to the United Kingdom.

For some years past there has been a tendency, not only with the public, but even amongst medical men, to consider dermatology such a peculiar branch of medicine that its practice should be confined to those who devote their attention solely to that specialty.

This, however, is a very serious error, which, if allowed to exist, might be productive of much evil. There is nothing special in this branch of the profession. Every physician and surgeon ought to have a thorough knowledge of skin diseases; they are far too general and too important to be left in the hands of a few. The state of the skin is of the greatest assistance in the diagnosis of almost every affection we are called upon to treat, and its condition influences in no small degree the general health and happiness of all classes. Its disease, too, often renders the life of the unfortunate sufferer but a mere passive existence, not only devoid of all enjoyment, but at times even shunned by his fellow-creatures. Still, it must be confessed that few learn to diagnose and treat these affections during their student-ship, and it is much to be feared that many practitioners acquire their knowledge of dermatology at the expense of many an unfortunate patient.

The cause of this is simple; the limited time at the disposal of our medical students for hospital attendance, together with the great difficulty of obtaining a book sufficiently simple to aid them in a study naturally difficult, prevent the majority paying that attention to this branch which its importance deserves. Many have

I known who, anxious to acquire a thorough knowledge of these diseases, have purchased books on the subject, and commenced the study with youthful eagerness. Few, however, got beyond the chapter on Classification. This appears to be to the medical student the *pons asinorum;* few indeed have I known to cross it. Amidst a string of classifications, from the time of Plenck to that of Wilson, the book is closed and seldom again opened.

I do not desire to undervalue a good nosological arrangement in any branch of medicine, but surely the number and diversity of those which have already been proposed for cutaneous diseases, sufficiently prove the great difficulty, if not impossibility, of finding such a one as would be useful to the student in medicine. No two authors agree on this subject, each forming one of his own. One of our greatest dermatologists of the present day has varied his classification with almost every edition of his works; and the simple truth is, that, instead of an assistance, these varied arrangements only tend to confuse and render more difficult a study they are intended to simplify.

In the present work I do not intend to adopt any classification. I shall take each disease in accordance with its importance, or the frequency with which I have

met it in practice, placing, however, in succession, those diseases which most closely resemble one another in their pathology or general symptoms.

I have devoted more attention than is generally given to the treatment of these diseases, believing this to be the portion most neglected in works of the present day. The classification of most authors has been added, at the end of the volume, for the benefit of those who may wish a perusal. All mention has, moreover, been omitted of affections in which the skin eruptions are but secondary to serious constitutional disorders.

The paragraphs on pathology I have written with a view of promulgating my own ideas of the nature and causes of these affections, as the explanation of many of them, by other authors, I consider most unsatisfactory.

In conclusion, I sincerely trust that students and others will find that the object with which this work has been undertaken has been achieved, and that I have succeeded in rendering more simple the study of Cutaneous Diseases.

10, Westland Row,
Merrion Square,
Dublin.

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SKIN DISEASES.

ANATOMY OF THE SKIN.

THE skin, which forms the external covering of the body, is divided into two layers—the derma and the epidermis. The derma, or true skin, may be subdivided into the corium and the papillary portions. The former, which is in contact with the subcutaneous cellular tissue, is made up of bands of yellow and white fibrous tissue interwoven, and a few contractile fibre-cells where hair is present. In the meshes of its deepest portion, which is less dense, are numerous sebaceous glands and hair-follicles, together with adipose cells and sudoriferous glands. It varies in thickness in different parts of the body, the average being about a line and a quarter.

The papillary portion is formed of numerous highly sensitive and vascular eminences, which seem to form the essential portions of the sense of touch. In

some parts of the body, where this sense is but slight, these eminences, or papillæ, are few and small; but, on other parts, where it is more acute, they are large and very numerous. Of these, there appear to be two sizes; the larger are arranged in a double row, between which are placed the smaller ones. These rows are subdivided into square-shaped groups, by transverse furrows, in the centre of which is the minute orifice of a sudoriferous gland. Each papilla contains a vascular plexus, and certain of them the axile or tactile corpuscles of Wagner, in which the tactile nerves terminate, and which are supposed to intensify the sense of touch. In general structure, the papillary portion resembles the corium.

The epidermis consists entirely of cells. In the deeper portion these are spheroidal in figure, containing a clear liquid, and also, in certain situations, as the scrotum, areola of the nipples, &c., dark pigmentary matter, which, in dark-coloured races, is diffused all over the body. This portion of the cuticle was formerly regarded as a distinct layer, under the name of the "*rete mucosum.*" The superficial and greater portion is composed of flattened cells, converted by desiccation into horny scales.

The cuticle is accurately moulded upon the subjacent papillary layer of the derma, from which it is produced by exudation; and as the cells gradually approach the surface, being detruded by those more recently formed beneath, they lose their liquid and pigmentary contents, and become flattened and transparent.

The nerves and arteries which supply the skin are derived from the minute vessels of the subcutaneous cellular tissue. They pass through the deep layer of the cutis vera, and forming in a net-like manner on its surface, send numerous branches to the papillæ.

The lymphatics are also arranged in a minute plexiform network on the superficial layer of the corium: thus, the arteries, nerves, and lymphatics are all interwoven together.

Appendages of the Skin.

The structure of the nails is identical with that of the epidermis, with which it is continuous, and is, like it, accurately moulded upon the surface of the cutis. The nail is divided into three portions,—the root where it joins the epidermis, the body, and the free portion. The part of the cutis covered by the body of the nail is termed the matrix. The papillæ of this portion are

long, very vascular, and arranged in longitudinal rows, which appear of a rosy hue when seen through a thin nail. The part immediately behind this is termed, from its shape, the lunula; here the papillæ are much smaller, irregularly arranged and far less vascular, hence presenting an appearance rendered almost white by comparison. The deeper cells, like the epidermis, have nuclei.

A hair-follicle is generally described as an involution of the epidermis. It extends deeply into the corium, and sometimes into the subcutaneous cellular tissue. It consists of two layers: an outer, which is very vascular and supplied with numerous nervous filaments and is continuous with the corium; and an inner, which is identical in structure and continuous with the epidermis. This inner or superficial layer terminates with the bottom of the follicle in a small vascular papilla, which supplies the material for the growth of the hair. The follicle is bulbous at its deepest extremity; and at its free end receives the mouths of sebaceous glands. The root of the hair which rests on the vascular papilla, and which is continuous with the cuticular lining of the hair-follicle, contains nucleated cells continuous with those of its soft bulb. Some of these cells contain

pigment-granules which give the colour to the hair. The shaft of a hair consists of a central portion or medulla, which, however, ceases before the extremity of the hair is reached, and which is made up of pigment-cells or fat-granules, and a fibrous portion which forms the chief part of the stem, and which consists of elongated cells containing pigment-granules. This is covered by a cortex. The scales of the cortex consist of flattened cuticular cells.

The sebaceous glands are sacculated, and situated in the substance of the corium; they are much more numerous on some parts of the body than others. Each gland consists of a single duct, which terminates in a lobulated pouch-like extremity. The interior is lined with epithelium, and is filled with particles of sebaceous matter, which, becoming renewed as often as it is detached, forms the secretion.

The sudoriferous glands are situated in the deep part of the corium, or rather in the subcutaneous cellular tissue. They are imbedded in fat, and are small, round, reddish bodies, formed of convoluted tubuli, from which a duct escapes in a wavy or serpentine direction to the surface, often becoming spiral just before it pierces the cuticle. These glands secrete the sweat.

CHAPTER II.

PHYSIOLOGY AND GENERAL TREATMENT OF THE HEALTHY SKIN.

THE skin covers the external surface, and joins at the orifices of the body the mucous membrane, which lines the great gastro-pulmonary, genito-urinary, and mammary tracts, and their offsets. These two structures, besides having many general resemblances, are also closely connected in functions and sympathies. Thus, they are both used by nature as means of *secretion* and *absorption*, and injury or disease of the one very often deranges the functions of the other. Of this we have many examples; perhaps the most striking is where the mucous membrane of the intestine becomes ulcerated in a case where a portion of the skin has been destroyed by a burn. This may be accounted for either by sympathy or by the additional work thrown on the intestinal glands.

Besides these two functions, the skin has a still more

important one in being endowed with the sense of touch. Here, this being provided for by the free distribution of the cutaneous nerves, protected as they are by the epidermis, that faculty is highly developed. On some parts of the body, where the papillæ of the cutis are numerous and large, this sense is acute. Itching, burning and tingling, &c., may be regarded as abnormal states of this faculty, although special nerves have been designated as presiding over these functions.

The secretion of the skin is principally carried on by the sudoriferous and sebaceous glands. The secretion acts vicariously for that of the urinary organs and mucous membrane. About a hundred grains of azotized matter are daily eliminated by the skin. A small amount of carbonic acid is given off: this was proved by Dr. Smith by enclosing his entire body in a caoutchouc bag.

The amount of the secretion is much influenced by the nervous and vascular system, as is seen in the state of syncope, or when the mind is moved by some powerful emotion, as of terror. The severe chill which precedes fever, is probably due to the great nervous depression consequent upon the first shock of the poison; and the rigors of severe inflammation may be

in a great measure due to the sudden rush of blood to the inflamed parts. Yet how far the arrest of secretion in those cases is the cause or the result, is not sufficiently evident.

Its power of absorption is easily proved. Mercury rubbed in soon affects the system; and people almost moribund with thirst have received the greatest relief from immersing the body in cold water, or even by damping their clothes. Valentin and others have shown, that if the skin of the lower animals be varnished, the blood becomes changed in appearance, and the animal soon dies with all the signs of asphyxia. Wilson mentions that a gentleman who had lost a pound weight in a Turkish bath, regained it in a short time without either eating or drinking, evidently by the absorption of the skin. I myself, on one occasion, lost four pounds in a Turkish bath, and in three hours I had regained two pounds and a half, all the time suffering from intense thirst. I may add that, in general, by taking copious draughts of water, when I have left the bath, I find myself exactly the same weight as when I entered.

In order to preserve the skin in a healthy state, three essential rules may be mentioned. The first of these is frequent ablution of the entire body; and for this pur-

pose soap should be used: if the skin be very tender, glycerine may be subsequently applied. As the secretion of some of the larger glands is but semi-fluid, friction becomes of the greatest service.

Much has been written against the Turkish bath. I know of no means so effectual in preserving the skin in a healthy state, as a bath taken once a month. It is of far less service as a cure than as a preventive of disease.

The second rule I would lay down is that of daily exercise. If the glands are not kept in use by exercise, they are liable to atrophy, and much is retained in the blood that ought to be eliminated, or, too much work being thrown upon the mucous membrane or kidneys, they become deranged, and the general health suffers.

The third rule is, by constant attention to the other organs of elimination, to preserve them in health.

If these rules were carefully observed, I am perfectly confident that we should not have one-twentieth part of the skin diseases that at present exist.

CHAPTER III.

GENERAL INTRODUCTION TO THE PATHOLOGY, CAUSES, AND TREATMENT OF SKIN DISEASES.

If a mustard-leaf or some other irritating substance be placed on the healthy skin, it first causes slight itching, and then tingling. If it be now removed, these sensations cease. This is what is called direct irritation.

If a child suffer from itching of the nose when afflicted with worms, or if by an overloaded stomach, constipated bowels, or piles, limited or general itching of the skin is produced, it constitutes indirect irritation or sympathy. This will explain the phenomena of some cases of Prurigo.

Should the direct irritation of the skin be continued, there is an increased flow of blood to the part, the minute arteries and capillaries of the part enlarge, the former pulsate with increased vigour, the local circula-

tion is increased and quickened, and thus is established what is termed active congestion.

This condition is known by the simple redness, which easily disappears and reappears under intermediate pressure. As the stimulated vessels endeavour to recover their original calibre the blood is pressed on, but a fresh supply quickly redilates the vessels, and thus the circulation is increased.

Sometimes the vessels relieve themselves, by effusion through the coats, of some of their watery contents, and a portion of the blood or serum escaping into the surrounding tissues, the congestion is relieved. At other times a minute vessel gives away, and a little hæmorrhage takes place, and the congestion passes away.

After a little time the effused serum or blood is reabsorbed, and the part once more assumes its natural appearance.

The condition of the skin furnishes the foundation of the pathology of Erythema, Roseola, Urticaria, Strophulus, and Lichen.

There is still another form of congestion,—that in which the vessels, losing their elasticity, remain distended, and in which there is no increase of circulation. This is passive congestion. Sometimes a state similar to this

is congenital. It is distinguished from active congestion by its darker colour. Nævus belongs to this condition.

Supposing the irritation be not removed after active congestion has been produced, inflammation is quickly established with all its four symptoms—pain, redness, heat, and swelling, first described by Celsus, eighteen hundred years ago. Erysipelas and Angeioleucitis are examples of this stage.

If the inflammation increases in severity, effusion of serous fluid takes place under the epidermis: such diseases as Eczema, Herpes, Pemphigus, will serve as illustrations.

Effusion of lymph is the result of a still further increase of the inflammatory action; and if it become still more severe, pus is formed. Acne, Impetigo, Ecthyma, are so produced.

Occasionally minute vessels rupture and add their contents to the pus, which then assumes a sanious character.

Ulceration is also a result of inflammatory action, in which the tissues, undergoing molecular death, liquefy and are cast off: Rupia is of this class.

Thus it may be seen that the great Greek physician Hippocrates was not far wrong when he told us, more

than two thousand years ago, that many varieties of cutaneous eruptions were but the same disease in different stages.

Though inflammation and its results furnish the pathology of most cutaneous diseases, many are attended by the very opposite condition. Defective nutrition accompanies, and is probably the cause of, Lupus and Alopecia. Both these affections become arrested if erysipelatous inflammation attack the part.

In Psoriasis and Pityriasis, however, nutritive matter is supplied in too great abundance, and in this disease nature endeavours, by consuming the too-rapidly supplied material through rapid desquamation, to prevent congestion and inflammation.

The causes of cutaneous diseases may be nervous, vascular, or constitutional. The nervous causes may be due to an increase or diminution of nervous sensibility. The former is witnessed in cases of direct or indirect irritation, and the latter is seen in cases where, from continual pressure, the nerves of the part become paralyzed, the vessels yield to the force of the circulation, and congestion, inflammation, and even mortification may take place.

Under the nervous causes of skin diseases may be

included all local irritants, menstrual and uterine derangements, mental emotions, nervous debility from over-labour, want of sleep, masturbation or sexual excesses, change of temperature, and dyspepsia.

The vascular causes are those in which the blood is the part primarily engaged. Occasionally a too good digestion may be the means of increasing disproportionately certain constituents of the blood, and thus become the indirect cause of cutaneous disease. Eruptions may also be caused by errors in diet, certain medicines, and the retention of matters which should have been eliminated by the kidneys or the other organs, as uric acid, &c.

The third class consists of all other causes not included in the above. Hereditary predisposition, faulty nutrition, general debility, and the like, constitute the constitutional causes.

The treatment of diseased skin includes hygienic, dietetic, and medicinal measures.

The first consists in the use of baths and soap, removing and preventing accumulations or concretions about the diseased part, and the like.

The diet should in most cases consist of simply cooked, easily digested animal food, and well-dressed vegetables, with milk, and farinaceous articles of food.

The medicinal applications are local and general.

The former include all varieties of lotions, poultices, ointments, and soaps; to three of these I desire to call special attention. The cucumber ointment of the French pharmacopœia, as an astringent ointment, in my opinion, has no equal. I have found most obstinate cases of Erythema intertrigo yield to its use. It is most useful in many other affections.

The second is the use of the ether spray producer. With this I have often relieved cases of incipient Furunculus and Acne. I use the anæsthetic fluid, but I have no doubt ether, or many other fluids, would be as efficacious.

The third is carbonic acid and glycerine. With this alone I have successfully treated many cases of obstinate Eczema, Tinea favosa, and many other cutaneous affections. This used as a soap has been most useful.

The internal remedies I wish to notice are sulphate of nickel, which in bad cases of Herpes zoster and Prurigo have been in my hands most efficacious; and hydrate of chloral, which I have found useful in very many cutaneous affections.

CHAPTER IV.

*STROPHULUS.**

STROPHULUS is a papular disease, peculiar to children from the time of birth to the end of the first dentition. In infants it is of very frequent occurrence. It is characterized by an eruption of small papulæ either redder or paler than the natural skin, generally covering the entire body, but occasionally affecting but a small portion.

Although it is a disease of little or no importance, various varieties have been described. Thus, when the colour of the papulæ and skin is particularly red, it is termed Strophulus intertinctus; when of a lighter tinge than the natural colour of the skin, and it appears in patches on the loins, shoulders, and upper arms, it is

* Other names — Bouton, Ebullition, Efflorescence cutanée (French); Rothe (German); Keerpan (Dutch); Efflorescence bénigne, Lichen strophulus (Biett, Cazenave, Schedel, Wilson, and most recent authors).

called Strophulus candidus. These two varieties often exist together; the former is popularly known as red, and the latter as white gum. When the red papulæ are arranged in groups, it is called Strophulus confertus, and is so common during teething that it is vernacularly known as tooth-rash. A circular patch which, suddenly disappearing at one part, leaving but a brown mark with slight desquamation, reappears at another—is Strophulus volaticus: slight fever generally attends this eruption. Strophulus albidus is described by Willan, but, as Hebra and Bateman have shown, it is really a variety of acne.

The eruption, when mild, generally lasts for a few days, and then gradually fades away, the skin sometimes desquamating. In severer cases it may last for weeks; Strophulus volaticus being the most chronic variety. A little itching is the only attendant symptom; this, however, is more severe when the disease attacks the legs.

Diagnosis.—The diagnosis of Strophulus is simple, there being no other disease like it occurring at such an early age. Lichen is a disease of later life.

Pathology.—The eruption, which is but a mild variety of Lichen, is due to numerous points of effusion caused

by congestion of the fine branches of the cutaneous vessels. The effusion in Strophulus is probably but serum, in Lichen it is generally lymph. Dr. Tilbury Fox regards Strophulus as a disease of the sudoriferous follicles.

Causes.—The causes of Strophulus may be either local or general. The former, being much more common than is generally supposed, include the friction of the skin by rough articles of clothing, especially flannels, the use of too strong soaps, and the irritation produced by teething. The general causes are those arising from gastric irritation; principally caused by improper articles of food either given direct to the infant, or taken by the woman who is suckling it. Over-feeding, sudden changes of temperature, and want of pure air, are also frequent causes.

Treatment.—The treatment consists in the administration of a little magnesia or rhubarb, combined with some carminative. At other times a small dose of castor oil, with a few drops of aromatic spirits of ammonia, oil of peppermint, or compound tincture of camphor, followed by a mild tonic, has been the best treatment. I have known a few doses of calumba and potash to act like magic: bark or iron has proved successful with many.

In most cases, however, proper attention to the child's food will suffice. If the patient be an infant still suckling, the mother or nurse must be cautioned against taking any stimulants whatever, especially porter, beer, or ale, and a mild saline purgative should be given. If the patient be weaned, its food ought to be restricted to beef tea, arrowroot, asses' or cows' milk well diluted, and slightly sweetened. If the gums be hot and swollen, the imprisoned tooth should at once be liberated by free incision. Tepid water baths ought to be frequently used; and during fine weather the child should be brought out into the open air for a considerable time each day. If the disease become obstinate, change of air, and a tepid salt-water or slightly alkaline gelatine bath, will always cure it. In aggravated cases, Willan recommends the treatment to commence with an emetic. Glycerine has been highly commended by many authors.

CHAPTER V.

*LICHEN.**

LICHEN is a disease characterized by an eruption of red papulæ or pimples irregularly scattered over the surface, and generally surrounded by inflamed skin. The colour of the eruption is not removed by pressure. The parts itch and tingle, and as the redness fades and the papulæ disappear, a slight scaly desquamation takes place. It generally attacks a small extent of the surface, but sometimes extends over a large portion of the body.

Lichen may be acute or chronic, and may be divided into three varieties—Lichen simplex, Lichen agrius, and Lichen ruber or planus.

Lichen simplex is seldom preceded by more constitutional disturbance than a general feeling of malaise and

* Other names—Papulæ (Latin); Exormia Lichen (Mason Good); Lichcniasis adultorum (Young); Dartre farineuse, Poussée (French); Λειχὴν (Greek); der Zitterich, Schwindfluken (German); Huidmos (Dutch); Hudmossa (Swedish); Lichene (Italian); Usagre (Spanish).

slight gastric derangement, as evidenced by a coated tongue and constipated bowels. The papulæ, which are bright in colour, differ in size; those occurring where the skin is soft being the largest. They appear first on the face and arms, and then on the trunk and lower extremities. Its duration varies from ten to twenty-five days.

Many varieties of Lichen simplex have been described. When the papulæ are arranged in circular groups, it is known as L. circumscriptus. Biett, Cazenave and Schedel describe a variety of syphilitic origin, in which the papulæ are arranged in the form of a twisted band, extending from the anterior part of the chest, along the arm to the little finger, which they name Lichen gyratus. L. urticatus is a variety common with children. Where the papulæ are preceded and accompanied by wheals, Hebra called it Urticaria papulosa. In Lichen lividus, which occurs in old people who suffer from hepatic congestion, the papulæ are of a livid red colour: Hebra called it Papula papulosa.

Lichen agrius is a more serious variety: it is often preceded by much febrile disturbance and gastric irritation, and is generally attended with considerable inflammation. The fever generally subsides as the eruption appears. The itching and tingling is at all times very

severe, and is aggravated by heat or errors in diet. From constant scratching, the pimples are much torn, and the blood which escapes, by coagulating, forms brown or black scabs. If the inflammation increase, vesicles and pustules are at times found mingled with the pimples. When the disease lasts long enough, the very texture of the skin is altered, becoming thick, hard, and tender, and sometimes, especially at the flexure of joints, becoming fissured. In this aggravated form, which is generally accompanied by chronic dyspepsia, it is often so difficult to cure that it is called L. inveteratus. In hot countries, where it is a very common disease, the symptoms are not severe, and the pimples are of a vivid red colour: it is then called L. tropicus. L. pilaris, which has a hair through the centre of each papule, is a very chronic variety, and is often difficult to cure.

Lichen ruber, which was first described by Hebra, and afterwards by E. Wilson under the name of L. planus, is so rare that it is seldom mentioned in works on cutaneous disease. It differs from the other forms of Lichen in being almost free from itching, the papules being large and flat, and not followed by desquamation.

Lichen is not contagious; adult women of a nervous temperament are most subject to it.

Pathology and Causes.—I believe Lichen to be due to congestion and slight inflammation of the papillæ, often accompanied by effusion of lymph. Hebra says the papules are situated at the aperture of the hair-sac. Cazenave thinks it is a purely nervous affection. It is much increased by heat, and is consequently worse in a hot room, and at night. There is often an exacerbation after dinner, and many articles of food—as raw vegetables, shell-fish, most stimulants, tea, coffee, and salt meat—also exercise and hot baths, tend to render the itching more severe, and to increase the eruption. On the contrary, the eruption often fades in the morning, and when the surface is cool. I have met with two cases where there was every reason to believe that the affection was caused by the too frequent use of the Turkish bath, by persons not accustomed to its use.

Anything which obstructs the cutaneous circulation may cause it. I have known it produced by tight stays and by tight garters.

Lichen may be confounded with Scabies, Psoriasis, Eczema, Acne, Strophulus, or Prurigo. Lichen circumscriptus may appear like Herpes circinatus, Lichen urticatus often resembles Urticaria.

The presence of the itch insect, vesicles, and the situation of the eruption, will suffice to mark Scabies. The copious thick silvery scales of Psoriasis, the vesicles and the copious alkaline discharge of Eczema, and the suppurative nature of Acne distinguish these diseases from a papular affection like Lichen. Strophulus is but a mild variety of Lichen affecting children and infants. In Prurigo the papulæ—where such exist—are larger and fewer than in Lichen; besides which, in Prurigo, very often there is not any eruption.

Herpes circumscriptus spreads much more rapidly, and the shape is more regularly circular.

Lichen urticatus is known by the age of the patient it attacks, and by the papule which is left behind when the wheal disappears.

Treatment.—All forms of Lichen are best treated in young subjects by an active purge, regulated diet, avoidance of heating exercise, and a gelatine bath every night. In severe cases the itching is relieved by sponging the parts with vinegar, lemon-juice, eau de Cologne, almond or olive oil, sulphuret of potassium dissolved in water, or plain cold water containing carbonate of soda. Occasionally cold cream suffices, or a lotion containing hydrocyanic acid and liquor

potassæ. All local applications, however, only tend to relieve the sufferings temporarily, and sometimes the reaction leaves the patient worse than before. Light clothing and taking care that the articles worn next to the skin are of soft, smooth texture, do much more towards giving permanent relief. The articles of food which experience has proved likely to increase the symptoms must be carefully avoided. Gin is perhaps the only stimulant which can be allowed, and even as a lotion, diluted with water, it often gives much relief. In very bad, acute cases, reliance must be placed on diuretics or purgatives combined with sedatives and tonics. My favourite remedy is a mixture containing the three salts of potash and spirits of juniper in large doses, with hydrocyanic acid and tincture of gentian given in infusion of calumba. I generally order two grains of Dover's powder three times a day. The patient is given copious draughts of some alkaline mineral water, or vegetable acid drinks. As a local application the common chalk mixture of the pharmacopœia has no equal. Arsenic is the most reliable remedy in the very chronic varieties. When the disease occurs in debilitated subjects, bark, quinine, and the mineral acids are the proper remedies.

In diet, the quantity of vegetables should be limited, as they seem to increase the itching.

Other Treatment recommended.—Biett used the following :—℞. Ferri Arsen. gr. iij., Pulv. Altheæ vel Glycyr. ʒss., Syrup. Aurant. q. s. to make forty-eight pills, of which one each day. Many authors have recommended Iodine, dilute Sulphuric Acid, Glycerine, Bismuth, Acid. Nit. dil., Ung. Hydrargyri Ammon., Plumbi Acetatis and Sulphuris Iodidum. Calomel (Younge, of Georgia). Hydrocyanic Acid (Thomson). M. Chauset used the Glycerole of Aloes. Erasmus Wilson, as a liniment: ℞. Tincture of Croton* ʒj., Spirits of Rosemary ℥j., Rose-water ℥iij.; or, as a lotion: ℞. Ammoniæ Carb., Plumb. Acetatis, āā ʒj., Aquæ Rosæ ℥viij.; he also uses Collodion, or Zinci Oxidum. Iodine (Kennedy). Neligan used Potass. Carb. as an ointment, ℈j. to ʒss. of Lard, Alkaline lotions, especially one containing Bicarbonate of Soda (Devergie). Acton used Liquor Sodæ Chloratæ. Houghton advises Almond Emulsion as a local application, to which a few bitter almonds have been added; the skin to be moistened two or three times a day.

* Bruised Seeds ʒj., Rectified Spirit, ℥iv.

CHAPTER VI.

*PRURIGO.**

PRURIGO is a disease attended with intense itching, often without any eruption, but sometimes accompanied by a scattered eruption of slightly-raised flat and broad papulæ, almost the colour of the skin.

Often it is impossible to discover the papulæ without the use of a lens, and at times the touch alone can detect them. The itching is increased by stimulants and anything which tends to heat the surface or cause perspiration. It is always most severe when the body becomes warm on retiring to bed; and, in mild cases, this is the only time the symptoms are perceived. From constant scratching the skin is torn, and thickened serum and blood escape and form a black or brown

* Other names—Pruritus (Latin); Intertrigo (Lorry); Exormia prurigo (Mason Good and Young); κνησμός (Greek); Psore papuleuse, Pruret (French); das Juckten (German); Morbo prurito (Italian).

crust on the summit of the papulæ; when this falls off it leaves a brownish mark.

When the itching resembles the sensation of an insect crawling, or the bites of ants, it is called Prurigo formicans, and is a very obstinate variety.

Prurigo, which is a common affection with the old, is often accompanied by ætheromatous patches, and is then called Prurigo senilis. In this variety the papulæ are very large.

When it occurs in young persons, it often assumes a mild form, the itching being but slight, and there being little or no eruption, it is then called Prurigo mitis; this may last from a few hours to a few days. The feet, the legs, the hands, and the shoulders, are its most frequent seats. All cases accompanied with itching without an eruption are called Prurigo.

Various local names, as P. podicis, P. scroti, P. pudendi muliebris, P. præputii, P. urethralis, P. pubis, are given to intolerable itching of the skin of the perineum and around the margin of the anus, the scrotum, &c. There is, however, nothing peculiar about these affections: they generally depend on some local source of irritation, as piles, pediculi, worms, and the like.

Pathology.—Prurigo is caused by nervous irritation or

morbid sensibility of the cutaneous nerves. The vascular system soon becoming deranged, effusion ensues at different points, often accompanied, as in Lichen, by inflammation, thus forming the eruption. The effusion sometimes consists of serum, at other times spots of lymph are poured out. The difference between this affection and Lichen is that in one the vascular plexus is the one primarily engaged, and in the other the nervous derangement first occurs.

Causes.—Prurigo is often connected with a morbid state of the spinal cord. Masturbation, worms, and articles of food which produce much gastric irritation, are amongst the most frequent causes of general Prurigo. Various poisons which affect the spinal cord, as nux vomica, produce a state closely resembling this affection. I have known it to occur frequently in the later stages of pregnancy. The local varieties are due to local irritation. Cazenave thinks it a disease of sensibility. A case of intense Prurigo affecting the perineum once came under my care, which had been obstinate for years to every variety of treatment. The man had some enlarged portion of skin and mucous membrane about the anus, which, however, gave him no annoyance. He readily consented to have them removed. For hours

after the operation he suffered most acute pain; but from that time he never had a recurrence of the itching. Pediculi and insects have also caused it.

Treatment.—In young persons suffering from P. mitis, five grains of blue and five of compound rhubarb pill given at night, and a saline draught in the morning, followed by an alkaline mixture, will generally cure it. In severer cases sulphur-vapour baths, Fowler's solution, or the iodide of arsenic, will be required; before these are prescribed, however, I always try the effect of nervous sedatives, both locally and internally. Conium, belladonna, aconite, hyoscyamus, are the best. If these fail, the patient should be immediately put on arsenic in some form. The local applications recommended in Lichen are of use in allaying the itching. An ointment of carbolic acid and glycerine, or one of bichloride of mercury, is sometimes useful. Attention should be paid to the state of the stomach, and in the proper season sea-bathing and change of air should be tried. In old people wine, good diet, quinine, small doses of the sulphate of nickel, and cleanliness, is the best treatment. I have found diuretics to be most useful. Flannels next the skin should be avoided. Cazenave treats it as a neuralgic affection, and finds aconite beneficial.

The treatment of the local varieties must consist in removing, if possible, the cause; and where such cannot be found, and where the applications recommended in the chapter on Lichen do not relieve the itching, it must be treated constitutionally.

Other Treatment recommended.—Many authors have recommended, various preparations of Iron, Zinc, Nitric Acid, cold, Calomel and Senna, emetics, root of Arctium Lappa, Scrophularia Nodosa, Rumex Patientia, infusion of Chicoreum Intybus, Centaurium Minus, Camomile, Sulphur in various forms, all kinds of vegetable acids, carbonate and citrate of Lithia, various salts of Potash, Cinchona bark, Phosphoric acid, eau sucré acidulated with Nitric or Sulphuric acid, tinct. Cantharides, buttermilk, vapour bath, carrot poultice, liquor Calcis, liquor Ammoniæ, tincture of Iodine, Olive oil spread over the part, ice, leeches, Creosote, Glycerine, Camphor in doses of gr. v. to xv., Tincture of Cannabis Indica in doses of x. to xx. ♏, and Nitrate of Silver. Wilson uses Tinc. sem. Crotonis (see last chapter).

Alibert used ℞. Sulphur. Sublim., Tinc. Opii āā ʒss., Zinci Oxid. ʒj., Ol. Amygd. ℥j., Adipis ℥iij., M. Fiat Ung. Wilson occasionally uses milk of sulphur, in moderate

doses, night and morning. He also mentions Ammoniæ Hydrochlorus in solution, or as an ointment, *e. g.*, R. Ammon. Hydr. ʒj., Pulv. Hellebor. alb. ʒss., Adipis ʒiij. (Wilson). Hydrarg. Corrosivum Sublimatum has been frequently used; *e. g.*, Hydrarg. Corros. Sub. gr. v. to x., Spt. Rosmarini, Sp. Vini Rect. āā ʒj. Mist. Amygd. Amar. ʒvj. (Wilson).

Biett recommended Hydrar. Bisulp. ʒij., Tinc. Opii ʒij., Sulp. Sublim. ʒss., Adipis ʒv. M. Fiat Ung. Hydrocyanic Acid has been advised by many authors. The following is a good formula: Hydrocy. Acid dil. ♏ xv., Glycerine ʒj. Fiat Lotio.

Dr. Burgess used Phosphorus in camphorated oil as a lotion: Phosphorus gr. x., Almond Oil ʒj.—5 to 10 minims to be taken in emulsion has been found most useful. Liquor Plumbi Subacitat., with Tincture of Hyoscyamus applied warm, has been recommended by many. Liquor Sodæ Chloratæ ʒvj. to ʒxij. of aq. (many authors). Acid. Sulphuric. dil. (Clutterbuck). Copaiba: ♏ x. to xx. three times a day (Dewees and Ruan). Dr. Dewees found an injection of ʒss. to O. ss. of water injected into the vagina immediately cure a case of Pruritus Pudendi. Cupri Ammonio-Sulphas, gr. xv. to ʒij. of distilled water as a lotion (Pareira). Calomelas, as

an ointment, six parts to thirty of lard, and then the part dusted with a powder of camphor and starch in the proportion of one to five, has been highly spoken of by many authorities. Potassii Cyanidum, in ointment, with a few grains of Pulv. Opii (Schedel). Borax (Dewees). Ol. Crotonis has been frequently used as a liniment as follows: ℞. Ol. Croton. Tiq. ʒss., Ol. Olivæ ℥j. Pix Liquida, by Wetherfield and Alibert as tar-water; by Emery as an ointment, of a strength of about ʒss. to ℥j. Sulphuris Iodidum (Davidson).

CHAPTER VII.

*ECZEMA.**

Eczema is unquestionably the most common of all skin diseases; and, at the same time, the most important. Wilson says it occurs in the proportion of thirty out of every hundred cases, but I have found it to form at least fifty per cent. of cutaneous affections. It is characterized by an eruption of small vesicles, generally on imperfectly defined red patches of skin.

Very many varieties of Eczema have been described —so many, indeed, that it is sometimes difficult to recognize the particular form of which we read. Willan described three genera—solare, rubrum, and impetiginodes. These will be found to include every possible variety. Any one of them may be acute or chronic.

* Other names—Eczema (Willan, Bateman); Ecphlysis Eczema (Mason Good); Cytisma Eczema (Young); Herpes squamosus madidans (Alibert); Echanbouloure Poussée, Dartre vive (French); Vuurige Puisten (Dutch); Schwestblättern, Hitzblätterchen (German).

Eczema solare derives its name from the fact that it is often produced by the heat of the sun. It is better, however, to call it Eczema simplex, or vulgare, inasmuch as it not unfrequently arises from other causes. This variety, which is not preceded by constitutional disturbance, is characterized by an eruption of vesicles on the skin, which appears of the natural colour. With the aid of a magnifying-glass, however, we can sometimes perceive a minute inflammatory ring round each vesicle. These latter soon burst, and the fluid, together with the epithelium, forms a scab or crust; or, the fluid becoming reabsorbed, the cuticle shrivels and desquamates. The affected part is generally moist for a few days; or, if the eruption be extensive, a thin, clear, alkaline discharge takes place. In the course of three or four days, if the affection is acute, the parts assume their normal condition.

This variety is often due to the heat of the sun (E. solare), but may be produced by artificial heat, and occurs occasionally without any apparent cause. In this latter case, however, it is usually more chronic, the vesicles are larger, and when they burst (which always happens), a much larger crust covers the entire surface; this is generally of a brownish-yellow colour. From

beneath this, fluid is constantly escaping, from the formation of fresh crops of vesicles. This fluid is alkaline, and has a tendency to excite inflammation in the part over which it flows; the quantity is not, however, sufficient to cause much redness. This is the E. simplex, vulgare, or vesiculare of other authors.

The other varieties are marked by the greater amount of attendant inflammation. Thus, in E. rubrum the inflammation of the skin, on or about the part affected, is considerable. This is the most usual form of the disease. It is often preceded by severe febrile disturbance and gastric derangement. The part about to be affected is at first the seat of itching and tingling, then often of severe pain and tightness or stiffness of the skin; redness quickly succeeds, and, on the finger being passed over it, heat, roughness, and occasionally decided swelling of the part, are detected. At this stage it resembles Erysipelas, but the roughness soon resolves itself into numerous minute vesicles, and then we recognize the nature of the disease. These vesicles gradually enlarge, and many become confluent. After a certain time (which varies from hours to days), the vesicles—some retaining their transparency, and some becoming yellowish-white or milky—burst, and their contents con-

creting, with the now shrivelled epidermis, form a crust. This is at first entirely soft, but rapidly hardens in points, and if the part be stretched it becomes cracked and fissured. Other vesicles form under the crust, or, more probably, the serous fluid, escaping from the raw surface, flows from under its covering, and, irritating the adjacent parts, causes inflammation and extension of the disease.

When cured, the fever ceases, the crusts fall off, and, the blood being diverted, the vessels recover their elasticity, and the parts gradually assume a healthy appearance.

If no relief is obtained, the fever continues for some days, the swelling of the parts and the discharge increase, pustules appear (one form of E. impetiginodes), and after a time nature by an effort discharges a large quantity of serum or sanious fluid, and the symptoms abate. Then is formed the variety known by some as Chronic Eczema, by others as E. inveteratum, and by Hebra as E. madidans.

In E. impetiginodes there is either a mixture of pustules with the vesicles, from the severity of the inflammation, or a combination of the two diseases, Eczema and Impetigo.

The parts in Eczema tingle, burn, and itch; this last symptom being the least severe, except when the disease has attacked either the anus, labia, or scrotum, in which cases the itching is intolerable.

Eczema is not contagious. It affects all classes: young and old, rich and poor, are alike subject to its attacks. It is most prevalent in spring, and persons employed in certain occupations are very liable to it: thus, with laundrywomen it is known as washerwoman's itch, with grocers, as grocers' itch. This latter is generally found complicated with other skin diseases, especially with Ecthyma.

When it occurs near the border of the mucous membrane, it is said to affect that structure by continuity. This I have never witnessed, although I have seen a person who had been suffering from ulceration of the mouth, subsequently affected with Eczema of the face.

Eczema mercuriale is a very severe variety, so named from being produced by the use of mercury. Sometimes this form resembles a mild acute attack of E. rubrum. It is, however, occasionally so severe as to cause death. In such cases it has been preceded by fever, great mental anxiety, difficulty of breathing, and

a feeling of heat, burning, and tingling over the entire body, but more especially about the joints and inner portion of the thighs. Considerable roughness and redness succeeds; then there appear innumerable small vesicles, which break, and discharge a fœtid, disagreeable, serous, or sero-sanguineous fluid; the breathing becomes more oppressed, the fever assumes a typhoid character, and death speedily ensues.

When Eczema attacks the hands (E. manuum), the vesicles seldom burst, but dry up, and form scales. The part is usually hot and swollen. The vesicles are, moreover, often prevented from rising on the palm of the hand and the soles of the feet by the thickness of the cuticle in these situations.

The disease frequently affects the head (E. capitis), especially with young children, those of fair skin being more liable to it than those of dark complexion. The vesicles, which are quite distinct, form yellowish-brown crusts, and the hair is constantly damp and glued together by the viscid secretion. When Eczema is exceedingly difficult to cure, it is known as E. inveteratum.

Pathology.—Eczema is an inflammation of the cutis, with effusion of serum. The vessels, from being con-

gested for a considerable time, lose much of their elasticity, and continue to discharge a large quantity of serum, thus constituting chronic Eczema.

Causes.—The cause may be either local or constitutional. Under the former are included heat (whether that of the sun or artificial) and variations in temperature. Sudden change from the heated atmosphere of a room to a cold easterly wind, I have found one of the most usual causes. Washing in cold water when very much heated, warming the hands after handling snow, various blistering applications, the handling of irritating substances, as sugar, tea, sand, soda, uncleanness, varicose veins, are also frequent occasions of the disease. The term constitutional includes mercury, gastric or hepatic derangements, pregnancy, dentition, and mental emotions. With many persons there exists a constitutional predisposition to the disease.

Prognosis.—It is often a very chronic disease; but when the patient seeks medical advice at an early stage, it easily yields to proper treatment. I have never met with an incurable case.

Diagnosis.—Erysipelas, Herpes, Scabies, Lichen, Erythema, Impetigo, Psoriasis, or Pityriasis, may be confounded with Eczema.

The irregularly inflamed surface and numerous small vesicles, easily distinguish it from Erysipelas.

Herpes is marked by the vesicles being much larger, and also by the peculiar arrangement of the patches.

The sensation connected with Eczema is more that of tingling and burning, than itching. In Scabies the itching is severe, and the situation and contagious nature of this latter affection make the diagnosis easy.

The truly vesicular nature, and the copious secretion of alkaline fluid, distinguish it from Lichen, Impetigo, and Pityriasis.

From Erythema intertrigo it is to be distinguished by its position, and the presence of vesicles.

Treatment.—Before commencing to treat a case of Eczema, the cause should, if possible, be discovered and removed. The liver and stomach should also be carefully regulated. Next, the inflammation should be lowered by local bloodletting and purging. The crusts should then be removed by poultices or steaming, and an astringent ointment applied. I have generally used an ointment of sulphate or oxide of zinc, or one containing carbolic acid and glycerine. Free purging is

advisable in the earlier stage, and for this purpose bitter aperients should be freely used. The diet during this stage ought to be of the lightest kind.

A few days of this treatment should be succeeded by a course of tonics. If the urine contain much oxalate of lime, nitro-muriatic acid and bark, together with good diet, should be adopted. But if the urine be very acid, a mixture containing the three salts of potash, —nitrate, carbonate, and acetate,—with infusion of calumba and tincture of gentian, together with copious draughts of potash or lithia-water, will rapidly effect a cure. With strumous subjects, iodine, iron, and cod-liver oil is the proper treatment; and, if this does not effect a cure, iodide of arsenic will never fail.

In some cases of Eczema inveteratum the administration of Fowler's solution of arsenic in gradually increased doses will be the best treatment. The application of a piece of lint soaked twice a day in a solution of nitrate of silver, has been much recommended as a local remedy.

In cases of children with Eczema of the scalp, Hebra recommends the hair to be cut, and the scab removed with a linseed poultice; linseed oil is next to be applied over the whole scalp at night, and in the morning

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liquid pitch. When the latter peals off, the disease is permanently cured.

Other Treatment recommended.—Bromine gtt. ij. in ℥j. of water three times a day, and the following lotion: Bromine ℥j., Bromide of Potash clx., Dist. Water ℥iv. Glover uses one part of Bromine in 40 of water. Calcii Chloridum (Cazenave). Tincture of Cannabis Indica, in doses of xxv. ♏ three times a day, has been frequently recommended. Cantharides, with equal parts of Tinct. Camp. c. Op. (Wilson).

Dr. Moffatt used Carbazotic Acid in gr. j. doses three times a day. Biett used—℞. Ferri Arsen. gr. iij., Pulv. Altheæ vel Glycyr. ʒss., Syrup. Aurant. q. s. Mix and divide into forty-eight pills—one daily. It has also been used as an ointment (ʒss. to ℥j.). Hydrarg. Iodid. Ver. gr. ½, Hydr. c. Cret. gr. ij., Pulv. Aromat. gr. ij. M. This may be given to a child six years of age (Neligan). Dr. McCall Anderson paints the part night and morning with Liq. Potassæ. It is also used internally. Copland used Borax, with or without Nitrate of Potash, both internally and externally. Solanum Dulcamara (Rayer). Glycerole of Aloes. Dubout uses equal parts of Bismuth and Glycerine. The following have been recommended by several

authors : R. Saponis mollis, Spt. Rect., Ol. Cadini āā ℥j., Ol. Lavandulæ ℥jss. A little to be rubbed over the eruption night and morning, and washed off before each re-application.

Dr. McCall Anderson recommends the surface to be sprinkled over with Camphor, and that a cold potato and starch poultice be afterwards applied. Tinct. Crotonis ℥j. (*vide* Lichen), Spirits of Rosemary ℥j., Rose-water ℥iij. M. (Wilson). Calomelas ℥j. ad Adipis ℥j. (many authors). Hydrarg. Corros. Sub. gr. vij., Spiritûs Rosemarini, Sp. Vin. Rect. āā ℥j., Mist. Amygd. Amar. ℥vi. M. (Wilson), who in obstinate cases applies a saturated solution in proof spirit. Dilute Hydrocyanic Acid ℥ss. to ℥j. (Thomson). Glycerine. Iodoform. (Glover). Iodine, both internally and externally.

Dr. J. Green found the following the best treatment: ℥j. of calcined Magnesia rubbed into ℥ij. of melted lard. The ointment being a little warm, is smeared over the surface and covered with tissue-paper. It should be applied once or twice daily. Pix liquida (Alibert, Wetherfield, and Emery). Potassa caustica (Hebra and McCall Anderson). The latter uses in mild cases gr. ij. of Potassa fusa in Aq. ℥j. In bad

cases, it may be increased to even 30 grs. The solution should be speedily washed off after application.

Potassa sulphurata (ʒj. ad aq. O. ij.) Potassæ Carb. (Neligan). Dr. McCall Anderson used Potass. Cyanidi gr. vj., Cerati Galeni (Paris Codex) ʒj., Cochinillini gr. j. M. A little to be rubbed firmly on the part, but none left undissolved on the skin.

Mr. Acton used Liq. Sodæ Chloratæ. The part to be afterwards dried and sprinkled over with finely powdered Calomel.

Sodæ Bicarb. ʒij. to ʒij. ad Aq. O. j. as a lotion. Sulphur and Starch dusted over part. Sulphuris Iodidum. Ung. Acidi Sulphurici ʒj., and Adipis ʒj. Zinci Oxidum ℥ss., and Glycerine ʒij. (Anderson). Hot water, as hot as it can be borne (Trousseau). Argenti Nitris (Anderson).

CHAPTER VIII.

*HERPES.**

HERPES is a disease characterized by an eruption of small globular vesicles, arranged in distinct but irregular groups, on somewhat elevated red patches of various sizes and forms. The redness is not preceded by any tumefaction, and usually extends beyond the margin of each cluster. The contents of the vesicles, which are at first transparent, with a neutral or slightly alkaline reaction, soon become milky, opaque, or puriform and acid. This change takes place in from twelve to twenty-four hours. Sometime between the third and fifth day the vesicles burst, the fluid concretes, and, together with the epithelium, forms the pale brown scab which marks the next stage of the disease. In a few days this falls off

* Other names—Ἕρπης (Greek); Ignis sacer (Latin); Erysipelas phlyctænodes (Cullen); Ecphlysis herpes (Mason Good); Cystima herpes (Young); Herpe-dartre (French); Zittermahl, Flechte (German); Springendvuur (Dutch); Erpete (Italian); Sarpullido (Spanish).

and leaves a red patch or superficial ulcer, which soon heals. The whole course of the disease seldom exceeds a fortnight. This is known as Herpes phlyctænodes, and might be called H. simplex. The part affected is generally the seat of heat, pain, and redness for twenty-four hours before the vesicles appear. The patches are most common on the cheek or neck, but are not confined exclusively to those parts, and may affect different portions of the body at the same time.

The little patch on the upper or lower lip, at the junction of the mucous membrane with the skin, so common with many when the liver is sluggish, or when suffering from a feverish cold, is Herpes labialis. The affected part is hot, swollen, red, and covered with vesicles. There is a burning or smarting pain, which is much increased if the vesicles are rubbed off or pierced. Occasionally the eruption spreads all round the mouth. This variety is of importance on account of its frequency, the inconvenience it produces, but still more by its diagnostic value as a sign of pneumonia. After a day or two, yellowish-brown scales form, and as they drop off a little redness is left, which in turn soon fades. A like variety sometimes appears on the prepuce, and is called Herpes præputialis. On the ear it is

named Herpes auricularis. On the nose it is Herpes nasalis. These varieties generally run their course in six or seven days, if the period be not shortened by treatment.

Herpes zoster, zona, or "shingles," as it is familiarly termed, derives its name from the peculiar course which it follows. From the spot where it first appears the patches continue in an oblique line, following the course of some particular nerve. Its most usual seat is the thorax or abdomen, where its position seems regulated by some of the dorsal nerves. The patches, which vary in size from one to three inches, are red, irregularly oval, and distinct. The eruption is usually preceded by some degree of constitutional disturbance, accompanied by local pain of a burning or neuralgic character. This condition sometimes lasts for days before the characteristic patches appear. These are studded with minute vesicles, many of which run into one another, or they enlarge; others, however, remain separate and distinct. The disease then follows the same course as the eruption in Herpes phlyctænodes, lasting from ten to fourteen days. There is often severe neuralgic pain in the part. This is especially the case when the eruption is fading, the pain often remaining after the disappear-

ance of the eruption. The disease is usually confined to one side of the body, and generally commences at the median line; either close to the spine, when it takes a course downwards and forwards, to the median line in front; or upwards, from the sternum across the scapula to the back. The arm, which receives a cutaneous branch (intercosto-humeral) from the second dorsal, is frequently affected.

From the time of Pliny there has been a popular idea, that if the disease makes a complete circle of the body death ensues; but many cases have happened to refute this notion. Children and young adults are most subject to this disease.

Herpes Circinatus (better known as Ringworm) is described by many as the same affection as Tinea Circinatus, or Tinea Tonsurans; but, from frequent experiment and close observation, not only here, but also in France and Germany, I am convinced that two different affections exist. One is a purely local, non-contagious affection, true Herpes Circinatus, produced by local irritation, and in which a parasite never exists. It may occur on any part of the body, but the head is rarely attacked; and, when it does occur on that part, it presents the same appearance and runs the same

course as elsewhere, with one exception—that the vesicles, which invariably exist, burst in a much shorter time. The other affection is a parasitic disease, occurring generally on the head, but occasionally elsewhere, is contagious, and not usually attended by redness or vesicles. This is the true Tinea Tonsurans. The distinction between the two diseases is of great importance, one being trivial and, when occurring on the head, doing little or no injury to the hair; and the other a very chronic affection, and causing serious injury to the hair of the affected part.

Herpes Circinatus occurs in small red rings, varying in size from one line to two inches in diameter. When the rings are large they run the same course as that of Herpes Zoster. Sometimes, as one patch fades, a second appears in some other part of the body, to be succeeded by a third. In this manner the disease may be prolonged for a considerable time. When the rings are small, they commence as a red spot, and the ring is rapidly developed by the extension at one margin, a centre portion of skin being surrounded and left quite healthy. The vesicles are often very minute, and when they dry up, the part seems covered with small dry scales: hence it is at times called furfuraceous

Herpes Circinatus. To this species alone some give the name of Ringworm.

This variety is a chronic and purely local affection. It is not contagious: although, from being confounded with Tinea Tonsurans, which is the result of a vegetable parasite, it is often stated to be so.

Herpes Iris is very rare, and limited to very young persons. Wilson, however, says it is confined to elderly persons. Willan remarks that it is most usually seen on the back of the hand. It is characterized by a small patch, varying in size from that of a fourpenny to a sixpenny piece. The centre of this patch is occupied by a solitary vesicle, around which there are several rings of different shades of red, and studded over with vesicles; another circle, which is of a lighter red than any of the others, sometimes appearing as the disease is about to fade away.

This, too, is a purely local affection, and is not preceded or accompanied by any constitutional disturbance. Its course occupies ten days.

Pathology.—Herpes Zoster is due to derangement of certain nerves, leading to inflammation about the parts thereby supplied. Herpes phlyctænodes and labialis are due to slight constitutional derangement, except

where the latter depends on pneumonia; all other forms, to local irritation.

Diagnosis.—All forms of Herpes are for the most part easily diagnosed by the size of the vesicles and general arrangement. Ringworm may, however, occasionally be mistaken for Erythema Circinatum, Lichen Circumscriptus, Psoriasis Vulgaris, Tinea Tonsurans, or Roseola Annulata. Observance of the following peculiarities will, however, serve to render diagnosis easy:—

Lichen circumscriptus is a papular disease.
In Erythema circinatum there is greater breadth of the ring. The centre is of a yellow tint. There are no scales.
In Roseola annulata there is no elevation. There are no scales.
In Psoriasis there is much greater elevation of the rings. The scales, too, are a more prominent symptom.

} No vesicles. Much slower in their development.

Tinea Tonsurans often has such a close resemblance to Herpes Circinatus, as to render the diagnosis extremely difficult; but a comparison of the following will be an assistance:—

HERPES CIRCINATUS.	TINEA TONSURANS.
1. The part usually affected is the trunk, the head being the exception.	1. The head usually affected, the trunk being the exception.
2. When it is situated on the head, the hair is often thinned, but not cut short.	2. The hair has the appearance of having been evenly cut, a few lines from the head. That which remains is coarse and thick.
3. In true H. Circinatus no parasite is present.	3. A parasite, the *Trichophyton tonsurans*, is always present.
4. The centre portion is healthy.	4. The centre of the affected part is also diseased.
5. Vesicles are generally situated on red rings.	5. Vesicles are exceptional, and there is little or no redness.

Prognosis.—Herpes is a trivial affection, and when unchecked will generally run its course in about a fortnight or three weeks. French writers, including Alibert, have mentioned affections of the throat, nose, and larynx as having ensued on the sudden disappearance of Herpes.

Treatment.—The treatment of all forms of the disease is very simple. Herpes phlyctænodes may be cured by mild saline aperients and low living. Herpes Labialis, Nasalis, and such other forms as appear near the orifices of the body, are best treated with a mercurial or aloetic purge, followed by a bitter alkaline mixture. accompanied by the application of cucumber, zinc, or tannic acid ointment.

In Herpes Zoster the treatment should commence with a mixture of sulphate of magnesia and sulphuric acid. This ought to be followed by sulphate of quinine, in doses of three grains, four times a day, together with the application of some simple ointment.

A light, diluent, farinaceous diet should be adopted. Anodynes may be required internally; conium, hyoscyamus, belladonna, and opium, are all of use.

If the pain be severe when the eruption disappears, it may be relieved by a hypodermic injection solution of the muriate morphia (5 ♏), with a few drops of solution of Sulphate of Atropia (2 ♏). More care should be used when thus combined, than if the morphia alone were injected. Iron should at the same time be administered internally.

Herpes Circinatus may be quickly cured by cooling

the part with Richardson's anæsthetic fluid, applied with the ether spray apparatus, and afterwards keeping an evaporating lotion applied. A concentrated solution of sulphate of iron, or painting the parts with muriated tincture of iron, or tannic acid and glycerine, will also cure it. Nitrate of silver has likewise been used.

Other Remedies which have been recommended for Herpes are:—Ink (the popular remedy for ringworm), Sulphur, Dulcamara, oil of walnut-kernel, the juice of the *Rhus radicans* of Linnæus, juice of the Casheu-nut, solution of sulphate of copper. Collodion (Wilson). Duparc stated that $\frac{1}{3}$ gr. of Ferri Arsenias daily would effectually cure any case. Ung. Hydrargyri Ammoniati (Corfe). Calomelas (Rayer, and many authors). Hydrarg. Iodidum Viride (Neligan. *Vide* chapter on Eczema). Petroleum applied externally has been mentioned by many authors. Carbonate of Potash ℈j., and Lard ʒss. This is to be smeared over the eruption, which should be washed night and morning with a weak solution of Potash. Ulmus Campestris (many authors). R. Glycerini ʒj., Gum. Trag. Pur. ʒij.—ʒss., Liq. Calcis ʒiv., Aquæ Rosæ ʒiij. To be used as an ointment (Startin). Strong Acetic

Acid is advised by Mr. Acton to be applied to Herpes præputialis. Alum (by many authors). Liquor Hydrargyri nitratis (Biett and others).

Wilson sometimes used Nitrate of Silver in Herpes Zoster.

CHAPTER IX.

*PEMPHIGUS.**

WILLAN described two diseases, Pemphigus and Pompholyx, both characterized by an eruption of bullæ. The former was preceded and accompanied by fever and redness of the part affected, the latter occurring without either inflammation or fever. These two are now regarded as one, and may be divided into Pemphigus acutus and Pemphigus chronicus. It has been denied that the former ever exists. Hebra says he has never seen a case of it. However, when the disease is preceded by fever, and lasts but for a few weeks, it should be considered acute.

In Pemphigus the bullæ are at first but small, often

* Other names—Water Blebs (Popular); Pemphigus apyretus (Latin); Πομφόλυξ (Greek); Fièvre bulleuse, Herpes Phlyctænodes, Pemphix Confluent (French); Wasserblasen, Blasenausschlag (German); Ecphlysis, Pompholyx (Mason Good); Pompholyx (Willan, Thomson, and many other modern authors).

not larger than a split-pea ; but, after a time they generally enlarge to the size of a walnut, or occasionally to that of half an egg. The appearance of each bulla is preceded by a small slighly-raised red spot. At first the contained fluid is opalescent and resembles the serum of the blood; in reaction it is slightly alkaline, or neutral : afterwards it becomes puriform and occasionally acid. It is highly albuminous, and becomes almost solid with heat. The cuticle covering it becomes opaque a short time before the fluid loses its transparency. In old and debilitated people the fluid is reddish, or becomes of a dark yellowish hue. In a few days, when it attains its full size, the bulla bursts. Then the cuticle covering it is wrinkled, and, with the small portion of the fluid which yet remains, dries and forms a brown scab. At other times the bullæ and contents shrivel up without rupture, and form a crust. This is never very thick. When it falls off there remains a stain or scar, or rarely a superficial ulcer. If the bleb or crust be removed, the part will be found to be raw or excoriated.

In rare cases there is only one bleb at a time, on the subsidence of which another appears: this is the P. solitarius of Willan. Generally the bullæ are numerous. Sometimes the skin between them is red,

and the lymphatics about enlarged and tender, but they rarely suppurate. The disease is most common on the extremities, but may occur anywhere, even in the mouth, and on the velum palati. Sometimes there is a red areola around the fully-formed bulla, but this is not usually the case. It appears doubtful whether it is contagious or not. Scharlan succeeded in giving it to himself from a child.

The different varieties named by authors are merely to express some prominent symptom; as duration, fever, or number of blebs. Thus, when there is little or no fever preceding, when the bullæ are few and small, and the parts heal readily, the disease is the P. Benignus of Willan, or the Pompholyx Apyreticus of Thomson. When it occurs in young infants in an aggravated form, attended with typhoid symptoms and a tendency to ulceration, it is the Pemphigus Infantilis of Willan, and P. Gangrenosus of Stokes. This is often described as a species of Rupia. When the bullæ are numerous and confluent, and the crust which covers a considerable area of surface discharges a fetid, serous fluid, it is P. Foliaceus. This is often a syphilitic affection, and when it occurs on the hands and soles of the feet of infants, it is a sure sign of secondary syphilis.

Pathology and Causes.—The disease depends on inflammation of some portion of the cutis vera, with serous effusion. It is caused by exposure of the body to damp and cold, by bad food, or mental anxiety: it has also been known to arise from the use of hot baths. It has been said to occur as an epidemic.

Diagnosis.—It is diagnosed by the large bullæ without redness, and by the irregular distribution of the eruption. It may however be mistaken for Rupia, Ecthyma, or Herpes Zoster.

In Rupia there is a hardened base before the bullæ appear, and also a thick prominent crust, both of which are absent in Pemphigus. In Herpes Zoster the vesicles are small, and the position, course, and neuralgic pain mark the disease. In Ecthyma the eruption is always purulent, and the crust black and thick.

Treatment.—The treatment consists, in the first instance, in piercing the bullæ with a fine needle. This prevents its spreading. Care, however, should be taken not to remove the cuticle, as the excoriated surface underneath is very painful when thus exposed. Dr. A. Todd Thomson recommends the part to be subsequently pencilled with a solution of nitrate of silver ʒj. to ʒj., in which there are 10 or 12 minims

of dilute nitric acid: this hardens the cuticle and forms a covering. Rest, diluent drink, mild aperients, and, if the patient be young, spare diet, should likewise be prescribed. If the patient be aged, bark and ammonia, quinine, acids, good diet, and opiates constitute the treatment. It will be well sometimes to try a milk and farinaceous diet, with cod-liver oil and syrup of the iodide of iron. Cazenave recommends acorn coffee. Dr. Graves cured a case which had resisted all treatment for five years, by removing the epidermis and pencilling the part with solid nitrate of silver. If the cuticle becomes removed at an early stage of the disease, a small quantity of collodion is of great use in forming a covering until the part is healed. Iodide of Potash is of use only when it is of syphilitic origin. An attack of measles has been known to cure it.

Other Treatment recommended.—Wilson used Argenti Nitras locally (gr. ij. to ʒj.).

Hutchinson states that Arsenic invariably effects a cure.

Dr. McAdam recommends Ung. Hydrargyri Nitratis, combined with the internal administration of Cinchona.

Potassii Iodidum is used internally by Wilson.

CHAPTER X.

RUPIA.

Rupia is a disease which is closely allied to Pemphigus. It is characterized by an eruption of small bullæ, filled with a transparent serous fluid, which, however, soon becomes opaque, and occasionally sanious. These, which are flat, and about the size of a small nut, are situated on a slightly raised inflammatory base. The contents soon dry up, and, with the surrounding cuticle, form a dark greenish-coloured and rough scab. This adheres firmly; but when it falls off, or is removed, a superficial, atonic, and often intractable ulcer is left. A fetid discharge then frequently exudes, which together with the blood, which flows on the slightest touch, forms another scab. With this variety, which is known by the name of Rupia simplex, there is but little constitutional disturbance. It is most frequently seen on the lower extremities, and is not in general difficult to cure.

Sometimes the disease does not stop here, but the ulcer spreads beyond the scab before it falls off, and then a second crust forms beneath the first. This is of larger size than the primary; and this, in its turn, is soon succeeded by a third, the result of a repetition of the same process. Soon the crust assumes a conical form of considerable thickness, and thus is formed the second variety—Rupia prominens. This kind, which is nearly always syphilitic, is preceded and accompanied in its earlier stages by a remittent form of fever, with loss of appetite and headache. After a short time these symptoms subside, and the disease is accompanied with little constitutional disturbance, except loss of appetite. The serous fluid at the commencement of this disease soon assumes a darkish appearance. Rupia simplex is more common with children and very old people.

Rupia Escharotica is characterized by the scab being imperfect, and the ulcer large.

There is also another variety, which I have seen occurring both in childhood and adult life, and which I look upon as the Rupia Gangrenosa of many authors. It consists of an eruption of numerous small bullæ, about the size of a threepenny piece. The contents, which are

at first transparent, become dark as the bullæ shrink. Thick crusts form, which fall off in a couple of days, leaving a deep ulcer, the edges of which are dark and angry-looking, and much inclined to spread. No attempt is made by nature to form a second scab. I have attended three cases of this kind,—two with children between six and ten months old, and the other in a man twenty-two years of age, the subject of secondary syphilis. The mothers of the children were both consumptive, and were attempting to nurse them. Both these patients recovered in a few weeks when they were supplied with proper nourishment, which in both cases consisted of the Swiss condensed milk, well diluted with water. I sent the adult into the country, and prescribed for him tonics and a generous diet: he, also, was quite well in six weeks. This affection was totally different from the Pemphigus infantilis or gangrenosus described in the preceding chapter.

The limbs and loins are generally the situations where Rupia is seen.

Pathology and Causes.—I look upon Rupia as a disease of deficient nutrition. Anything which tends to impoverish the blood may cause Rupia. Syphilis is the most frequent cause. Bad food and air, intem-

perance, an insufficiency of animal food, of salt, or want of exercise, will all predispose to it.

Diagnosis.—It is sometimes difficult to diagnose Rupia from Ecthyma. The fluid in the bullæ of Rupia is clear in its first stage, and the inflamed base is small and but slightly raised. Ecthyma is an inflammatory pustular affection from its onset. The conical crusts of Rupia prominens (the most usual variety) render the diagnosis certain. It can be distinguished from Pemphigus by the thick crusts, smaller bullæ, and atonic ulcers.

Prognosis.—Rupia is not a dangerous disease; but as the blood is in an impoverished state before the affection appears, it is often a considerable time before it can be cured. Persons affected with it sometimes die of consumption.

Treatment.—The treatment consists in first poulticing, by which the crusts are removed, then dressing the ulcer with an ointment of carbolic acid or oxide of zinc. At the same time the bowels should be freely moved, and quinine or some vegetable tonic administered. Fresh meat should be ordered twice a day, with a liberal allowance of wine and vegetables. Milk should be taken in considerable quantities; also a

few oysters each day, when they are in season, and a moderate amount of exercise. The tonics should be frequently changed,—iron, quinine, and sarsaparilla being tried in succession. I do not consider arsenic to be of much use. The blood must be restored to a proper condition by good feeding, change of air, and the use of such means as will most tend to this result. In the case of children the diet should be at once changed, or the quantity of food increased. For young infants the most nourishing kind I have found to be the condensed goat's milk, now so generally used in nurseries.

Other Treatment recommended.—Wilson injects a strong solution of alum beneath the undermined edges. Clayton recommends Carbolic acid. Biett used, externally, Hydrarg. Iodidum Viride (gr. xij.—℈j., ad Ung. ℥j.). Hydrarg. Oxidum Rubrum has been advised by many authors. Rayer considers Cream of Tartar, finely powdered and dusted over, one of the best local applications. Ung. Scrophulariæ has been used by Creighton, Tuomy, and Stokes, and Ung. Hydrargyri Nit. by Dr. McAdam.

CHAPTER XI.

*ERYTHEMA.**

ERYTHEMA is characterized by patches of exanthema of different forms, generally raised, and of a vivid red colour when the eruption is at its height, but when fading they become bluish, or pass through the shades of colour usual in bruises: slight desquamation always follows. The disease is not contagious.

A great many varieties of Erythema have been described. These may be divided into two classes,—those depending on constitutional causes, and those which have a local origin. The former includes E. fugax, nodosum, papulatum, tuberculatum, circi-

* Ερύθημα (Hippocrates); Erysipelas (Celsus, Galen); Phlogosis erythema (Cullen); Dartre érythémoide, Herpes erythemoides, Erythème (French); Inflammatio erythema, Cauma erythematicum (Young); Hitze, Flugfeuer, Hautröthe, Rothlauf-geschwulst (German); Roodvouk (Dutch); Rödskalla (Swedish); Riscaldamenta, Rubore, Eritema (Italian); Fuego (Spanish).

natum, marginatum; and the latter embraces E. intertrigo, caloricum, or traumaticum, pernio, læve, and some others.

Erythema fugax is characterized by the sudden disappearance and reappearance of the exanthema. This is more common on the face, neck, arms, or chest. Its cause is generally some error in diet, or hepatic derangement. It is sometimes preceded by nausea and dyspepsia, and occasionally it appears as an hysterical affection. It is much more frequent in females, and often is present in the early period of pregnancy.

Erythema nodosum is generally ushered in by a febrile attack, which often lasts for several days. The patches are raised, sometimes circular, but more usually oval, with the long diameter in the axis of the limb, of about an inch to two inches in size. They rise slowly, never suppurate, and are hard; but if the finger be drawn over them, the impression conveyed is that the hardness is subcutaneous. The front of the tibia and the outside of the arms are the most usual places. Young girls who are suffering from amenorrhœa are most liable to it. Each patch lasts from four to ten days, and is generally succeeded by fresh patches; the disease runs its course in about a fortnight. At

first the colour is rose-red, but, after a time, probably from causes such as cold, it generally becomes of yellowish-blue.

Erythema papulatum and tuberculatum resemble in many respects E. nodosum. The former occurs at first in colourless papules not larger than the size of a split pea, accompanied with heat and tingling; they soon however, become a bright red. Sometimes the spots are distinct, and at other times they coalesce in patches, —there is not any decided swelling. The latter occurs in irregular prominent red patches, interspersed with small, slightly elevated tumours, which are generally painful and tender: they are about the size of a fourpenny piece.

Erythema circinatum, or annulatum, generally appears during an attack of rheumatism, or after fever. It occurs on the trunk in ring-shaped red patches, terminating externally abruptly, but shading gradually towards the centre. Within the ring the skin has a yellow tint. It generally lasts a fortnight or three weeks. If the rings are not perfect, but are bounded on one side by an elevated, hard, red border, while on the other side they have no definite termination, it is called E. marginatum. Willan thinks that this variety

occurring on the extremities of old persons suffering from internal disease, is a very unfavourable sign.

The most important form of local Erythema is E. intertrigo. The disease is produced by the constant friction of two opposed surfaces. These soon chafe, then inflame, and the secretion becoming abundant and acrid, excites inflammation on the skin over which it runs. Thus is established a disease which is often so obstinate as to resist every form of treatment. The groin, neck, and buttocks, axilla, perineum, and between the breasts, are its most frequent seats. It is most common with stout persons, especially women and children. There is always a burning or scalding sensation, and when the buttocks is the part affected there is pain in passing the fæces.

Erythema pernio is the name given to an ordinary chilblain, which mostly occurs on the fingers and toes. It appears as a red, painful, and tender swelling, accompanied by itching and burning. If not cured, vesicles form, and the part very soon ulcerates or sloughs, leaving a ragged ulcer.

Where heat is applied to the surface, the skin becomes red. This is Erythema caloricum. A blister or sinapism will cause a like condition. Irritating

fluids, as urine, acrid pus, &c., also redden and inflame the part. Either of these conditions may be termed E. traumaticum.

Cracked nipples are described by Wilson as Erythema. Bed-sores have also been included under this head by the name of E. patrimimum. When the skin becomes inflamed over œdema, it is called Erythema læve.

Pathology.—Erythema seems to be a superficial congestion of the cutaneous capillaries, generally accompanied by effusion of blood or serum. Inflammation sometimes exists.

All the varieties not local in their origin are caused by uterine, hepatic, and gastric derangement.

Erythema intertrigo is generally considered to be a purely local affection; but in many cases so affected, I have noticed that there is a great deficiency of bile in the fæces, and tendency to constipation.

Erythema pernio is generally caused by much exposure to cold, or sudden changes of temperature, as when the hands are suddenly heated, after handling ice or snow; but in many persons of weak circulation even a moderate degree of cold produces the affection.

Diagnosis.—This disease might be mistaken for Erysipelas. But in the latter affection the well-defined

edge, the elevation being the same at the edge and in the centre, and the feeling of superficial hardness, all render diagnosis easy. Erythema circinatum may be diagnosed from Roseola annulata by the lighter colour, the abrupt outer margin, and the yellow centre.

Prognosis.—The disease is easily cured.

Treatment.—The treatment of all forms should commence with a few doses of calomel or blue pill, followed by a saline mixture, consisting of sulphate of magnesia, with a little tartar emetic. This, succeeded by bitter aperients, tonics, mineral acids, quinine or iron, will always effect a cure. James's powder is also an excellent adjunct.

The treatment of Erythema intertrigo consists in the timely use of cucumber ointment, that of the French pharmacopœia being the best. Before applying it, the parts should be well washed with soap, and then dried. Zinc ointment and tannic acid lotions have been much used. A calomel purge should also be given.

Erythema pernio is best treated in its earlier stage by some stimulating application. Acetic Acid, Tincture of Iodine, Perchloride of Iron, Glycerine, equal parts of Turpentine, Camphor, and Olive Oil, or any other stimulating application, rubbed in with a gentle

friction, will in most cases effect a cure. An alum poultice, made by agitating a piece of alum with the white of an egg until it forms a coagulum, and then applied between two pieces of thin muslin or linen, is also an excellent remedy. The following liniment is recommended by Dr. Wardrop :—℞. T. Cantharid. ʒj., Liniment. Sapon. ʒvj., Nocte maneque applicand. Mr. S. Cooper advised—℞. Liq. Plumbi Diacet. ʒj., Sp. Vin. Rect. ʒij. A liniment made with equal parts of Turpentine and Copaiba is mentioned by Waring as a good application.

All the varieties of E. traumaticum and caloricum may be readily cured by the removal of the cause, and some simple astringent. The best treatment for Erythema læve is the free use of punctures.

Other Remedies recommended.—Ammoniæ Carb. (Wilkinson). Collodion (Wilson). Wilson also uses as a liniment, Tinct. Sem. Crotonis ʒj., Spirits of Rosemary ʒj., and Rose-water ad ʒiij. Bateman uses as a lotion, Hydrarg. Corrosivum Sublimatum gr. x. to ʒvj. of Lime-water. Martin Solon advised Zinci Oxid. gr. xv. —xlv. and xxx. of Lard, made into an ointment. Watson uses Quinine. A weak solution of Nitrate of Silver has been recommended by many authors.

CHAPTER XII.

*ROSEOLA.**

ROSEOLA is characterized by an eruption of small, dark, rose-coloured spots, generally devoid of any elevation, but occasionally slightly raised. The eruption is grouped together in irregular patches, presenting a somewhat mottled appearance. The spots deepen in colour for the first couple of days, and then gradually fading, disappear without leaving any trace behind them. There is sometimes very slight febrile disturbance, and occasionally a like eruption on the fauces.

It at times appears as an affection marking some slight gastric or other constitutional derangement. It is then

* Rose-rash, false or anomalous measles, rosy efflorescence (popular); Exanthisma roseola (Young); Exanthesis roseola (Mason Good); Eruption rosacée, Roseole, Fausse rougeole (French); Rothlen, Wiebelsucht, Wieblen, Ritteln feurmasern, Rother Hund (German); Roodvonk (Dutch); Kur (Polish); Rossalia, Rossania (Italian).

termed Roseola idiopathica. At others it precedes, or occurs in the course of fever or some other serious affection, and is named Roseola symptomatica. The former is common in children, and is then called Roseola infantilis. In this form the spots are very small and crowded together. It sometimes appears and disappears suddenly, and often attacks children during teething, or when they are suffering from gastric irritation, caused by worms or indigestible food.

When Roseola occurs in hot weather the affection is named R. æstiva. In this variety the spots are somewhat larger, and the fauces are often slightly sore and red.

In autumn the disease assumes a more severe character, being attended with more fever and with a more abundant eruption. It is then known as Roseola autumnalis.

The eruption of idiopathic Roseola sometimes assuming the form of rings surrounding perfectly healthy skin, is termed R. annulata. This is generally preceded by a feverish attack, and is accompanied by stiffness of the part affected, or slight itching. The rings are at first very small, but they gradually enlarge, sometimes becoming an inch in diameter.

E. Wilson mentions a form he called "R. punctata," which resembles measles so closely that it is only to be diagnosed from it by the absence of the coryza.

Roseola symptomatica occurs in the course of, or preceding many fevers: it then takes the name of the disease. Thus we have Roseola cholerica, R. miliaris, R. variolosa, R. vaccina, &c.

In small-pox a roseolar eruption occasionally precedes the pustular eruption on the arms or chest. It was, however, far more common when inoculation was the custom, and was thought to be a forerunner of a mild attack. When it succeeds vaccination there is generally a good deal of fever. In typhus and other fevers, where the affection resembles R. æstiva, the severity of the disease often abates as the eruption of Roseola appears.

Diagnosis.—Roseola æstiva has been mistaken for scarlatina. There is, however, much less fever accompanying it than with the mildest cases of that disease. Besides, the eruption appears first on the limbs in Roseola, the trunk being first attacked in Scarlatina. Both Roseola infantilis and Roseola æstiva resemble measles, but may be diagnosed from it by the absence of a crescentic arrangement of the patches, and the absence of the premonitory and attendant coryza.

Prognosis.—The prognosis is always favourable in cases of Roseola.

Treatment.—The treatment consists in administering to an adult five grains of blue and five of compound rhubarb pill at night, followed by a seidlitz powder in the morning, and to a child, doses proportionate to its age. The patient should be put on vegetable diet, and ordered a diuretic mixture. A warm bath rendered slightly alkaline with a little borax in it, will relieve the heat and itching of the skin. No other treatment is required. Carbonate of Ammonia has been recommended by Wilkinson.

CHAPTER XIII.

*URTICARIA.**

URTICARIA, which is a very important as well as frequent disease, resembles Erythema fugax, and often exists in the same patient. It is characterized by an eruption of wheals or pomphi. These are flat, elevated patches, destitute of colour, or rather paler than the natural colour of the skin, and are very like those produced by the bite of a bug or the sting of a nettle. The wheals, which are sometimes round and broad, and sometimes long and narrow, are situated on red patches, which may precede their appearance, or remain after them. If the red patch alone exists, friction will bring out the wheal.

* Other names are: Nettle-rash (popular); Scarlatina urticata (Sauv.); Febris urticata (Vogel); Purpura urticata (Junck); Essera (Heberden); Exanthesis urticaria (Young, and Mason Good); Erysipelas urticatum (Burser); Fièvre orticée (French); Nesselausschlag, Nesselfieber (German); Brand-nettlehoorts Nettlesacht (Dutch); Nässelfaber (Swedish); Orticaria (Italian); Ortigaria (Spanish); Eshera (Arabian).

The eruption is very evanescent, vanishing from one place without leaving any vestige of its existence, and within a few minutes reappearing at another spot. It sometimes appears on the mucous membrane, occasionally producing difficulty of breathing.

The affected parts itch, tingle, and burn. Frequently the disease only appears at night, when the patient is warm in bed. Rheumatic and plethoric persons of sedentary habits are most liable to the affection, but children of delicate habit and fine skin are liable, and not unfrequently suffer from the affection in an inveterate form.

When the disease is acute, its duration varies from one to three days. If it be chronic, it is generally intermittent, each attack lasting from a few hours to several days.

The varieties depend on the nature of the eruption, or the amount of fever which precedes it, or on its apparent cause. If it be preceded by a smart feverish attack, lasting for a couple of days, it is called Urticaria febrilis. In this variety the fever assumes a remittent type, and is accompanied by headache, nausea or vomiting, epigastric pain, and often by great heat of skin. These symptoms, which are usually more severe

at night, subside when the eruption appears, which is generally on the evening of the third day.

Sometimes the affection appears in a very short time —even in a couple of hours after taking the food by which it is caused, and without any premonitory symptom: it is then known by the name of Urticaria ab ingestis. This appears generally at night, and is often completely well before morning.

Sometimes the wheals are confluent, and then the disease is called Urticaria conferta. At other times, the wheals that first appear remain until the patient begins to improve, the red areola usually disappearing: this variety is called Urticaria perstans. More commonly the wheals soon fade, to be succeeded by a second crop, and these again are succeeded by a third: this is known as Urticaria evanida.

If the wheals be of very large size, and indurated, the disease is called Urticaria tuberosa. This generally occurs in debilitated constitutions, induced by intemperate habits. These wheals are very evanescent, and are often accompanied by deep-seated pain.

In some very rare cases there is itching and tingling in many parts, but no wheals appear: this is called Urticaria subcutanea. When the

wheals are very long and narrow, like the marks left by the lash of a whip, the disease is known as Urticaria gyrata.

Urticaria is often a very chronic affection. Willan mentions a case which lasted for two years, and Heberden speaks of one which continued for ten years.

Pathology and Causes.—The pathology of this disease is not very clear. If a wheal be pierced with a needle, some serum escapes. The efflorescence around is due to passive congestion of the vessels, produced probably by the presence in the blood of something which nature attempts to eliminate through the skin. After puncture, the wheal subsides. I would therefore consider irritation to be the origin of the wheals, which are immediately due to effusion of serum, either caused by spasm of the muscular fibres of the skin, or by congestion of the vessels, due to some other cause.

The primary cause, if not of a purely local nature, is usually some article of food, the most usual being shell-fish, especially mussels.*

* Mr. Brenmie thinks it is not in these cases due to the mussel itself, but to an almost microscopic star-fish which infests the mussel at certain times; others consider that it is owing to that which the fish feeds upon.

I believe distention of the stomach by gas to be the most frequent origin. Fish, or other food in a state of decomposition, any substances which are liable to ferment, or effervescing drinks which evolve carbonic acid gas, are often causes. It is, however, usually idiosyncratic on the part of the patient, the same article rarely producing it in different patients. Pickled and salt fish are more liable to produce the disease than fresh fish.

In 1813, the crew of the ship *Lady Castlerosse*, while in port at St. Helena, caught a quantity of mackerel, which, while in port, they partook of fresh. After they had put to sea the fish were eaten pickled or dried, when no less than sixty were attacked with Urticaria, accompanied by vomiting and gastric pain.

Many articles of food have been known to produce this disease—at times, even the most simple. Almonds, mushrooms, cucumbers, eggs, seltzer and other mineral waters, and rice-milk, have all been mentioned as originating it. Some medicines, as valerian, copaiba, calomel, and opium, have occasionally been the cause. I found a patient who had been taking sulphate of nickel suffer so much

from it, that he was obliged to discontinue its use, although it relieved the obstinate neuralgia for which it was prescribed.

A like eruption is produced by some stinging plants, as the nettle, also by the bite of the bug, mosquito, and certain molluscous animals.

Prognosis.—In general, this is not a very serious affection, and will easily yield to treatment. We, however, occasionally meet with cases where it is most obstinate. Willan relates an instance where death occurred from the recession of the eruption.

Diagnosis.—Urticaria is apt to be confounded with Erythema fugax. But this latter affection, although it is attended with some pain, has not the intense itching of Urticaria; besides which Erythema leaves a stain behind it, which is not the case with the former disease.

The treatment should always commence with the administration of an emetic of mustard or sulphate of zinc, followed by mercurial and saline aperients. Our next care must be directed to the regulation of the diet, avoiding everything which increases the disease. Frequent salines, together with bitter infusions, sea bathing, arsenic, quinine, and, in many cases,

colchicum, constitute the proper medicinal treatment. The local symptoms may be relieved by vinegar or lemon juice, or by a lotion in which there are about five grains of bichloride of mercury to the ounce. If an infant suffer from it whose gums are red and tender, it is well to lance them.

Vinegar or lemon-juice taken abundantly with, or immediately after, the particular article of food which experience has taught to be likely to produce an attack, checks or prevents it. When direct local irritation is the cause of Urticaria, a lotion of ammonia, or one containing hydrocyanic acid and potash, will always cure it. This latter I have found of the greatest use in the treatment of mosquito bites.

Other Remedies recommended.—Aloes, by Wilson. Ammoniæ Carb., by Wilkinson. Jonathan Green advises Arsenic given in Liq. Potassæ. Osbrey used Liq. Arsen. et Hydrarg. Iodid., in doses of gutt. vj., thrice daily. Waring thinks Emetics of Ipecacuanha (gr. xx.), repeated every other morning for two or three weeks, are sometimes an effectual cure. Liq. Potassæ, combined with Liq. Arsenicales, is recommended by several authors. Waring uses the following pills: R. Quiniæ Sulp. gr. xij., Pulv. Rhei gr. xxiv., M. ft. pil.

xij. cap. j., ter in die. Serpentaria with Carbonate of Magnesia or Soda (Watson and Wilson). Acid Sulp. dil., by many authors. Emetics are often effectual. Wilson uses the following lotions: ℞. Hydrarg. Corrosivæ Sub. gr. v. to x., Spiritus Rosmarini, Spiritus Vini Rect. āā ʒj., Mist. Amygd., Amar. ʒvj. M.; also, ℞. Plumbi Acetas ʒj., Ammoniæ Carb. ʒj., Aquæ Rosæ ʒviij., M. ft. lotio. Potassæ Chloras as lotion. Borax (ʒss. ad Aq. ʒviij.), by many authors. Houghton advises the following draught: ℞. Pulv. Rhei Mag. Carb. āā gr. x.—xv., Spiritus Ammoniæ Ar. ♏ xx., Aq. Cinnam. ʒj. ss., M. fiat haustus.

In Febrile Urticaria A. T. Thomson found the alternate administration of the following purgative and tonic draughts most beneficial: ℞. Magnesiæ Sulphatis ʒiv., Infusi Rosæ ʒxj., Tinturæ Jalapæ ʒj., Acidi Sulphur. dil. ♏ x., M. Haustus primo mane quotidie sumendus. ℞. Tinturæ Cinchonæ Comp. ♏ xxxvj., Acidi Sulp. dil. ♏ xviij., Decocti Cinchonæ flavæ ʒxj., Syrupi Aurantii ʒ ss., M. Haustus ter quotidie sumendus.

CHAPTER XIV.

*PSORIASIS AND LEPRA.**

THE eruption of Psoriasis consists of irregular patches of minute, dry, white, pearl-like, or silvery opaque scales, covering red tender spots. The eruption is generally preceded and accompanied by slight dyspepsia, and often occurs in instances where the blood is loaded with lithic acid. It is common with anæmic women, especially with those who have been long nursing, as well as with those who are badly clothed, or ill-fed and housed. Pregnant women seem almost free from it.

The varieties depend principally on the number, shape, or situation of the patches. When these are numerous, small, almost circular, slightly elevated, and irregularly scattered over the surface, it is called

* Dry tetter, dry scale, dry scaly tetter (popular); Λέπρα (Greek); Vitiligo (Celsus); Lèpre (French); der Aussatz (German); Leprosis, Lepriasis (Mason Good); Berat (Hebrew).

P. guttata. This variety is most frequently seen on the shoulders and back.

The disease often attacks infants, when it is called Psoriasis infantilis. In such cases, probably owing to the delicate skin, the eruption spreads very rapidly, often covering the entire body in a few days.

When the spots by coalescing, and the patches by running into one another, assume a long, broad, and irregular form, it is known as P. diffusa. With this there is often much itching, especially at night, and in damp weather. In this variety, as the disease advances, the skin becomes thickened, and is crossed by cracks or fissures filled with scales; the blood often escapes from these when the part is stretched. It attacks all parts of the body, and is most common in adult life. The gastric symptoms attending P. diffusa are generally those of subacute gastritis, with severe headache.

If the spots assume an annular shape, spreading at the outer margin as they heal in the centre, it is called P. vulgaris, or P. circinata. When the patch assumes the form of a twisted band, it is termed P. gyrata. This species, however, is rare, and generally occurs on the back.

Sometimes we find the disease assuming the name of the part affected, as P. palpebrarum (which affects the eyelids and the angles of the eye), P. præputialis, scrotalis, palmaris, plantaris, labialis, &c.

Psoriasis may attack any part of the body, but the order which it most frequently follows is—the knees and elbows (angles of extension), back, abdomen, head, and lastly the face. When it occurs on the palms of the hands and soles of the feet it is said always to be syphilitic; when the nails are affected they become thickened. When patches are very difficult to cure they are called P. inveterata. The itching is often severe, especially in some of the local varieties,—P. scrotalis in particular. Occasionally the skin becomes inflamed to a considerable extent: it is often complicated with Eczema.

Pathology and Causes.—Psoriasis is a disease in which, from subacute inflammation of the cutis, the material from which the cuticle is formed is supplied either too rapidly, or in too great abundance. By the rapid formation of the dermis nature endeavours to restore the equilibrium. The disease seems in general to depend on the state of the stomach, and not unfrequently we find subjects of it suffering

from acute gastritis. Tendency to it is hereditary. It is not contagious, but is often syphilitic. It has been frequently known to follow the taking of a copious draught of cold water when the surface of the body has been in a state of perspiration; also after over-indulgence in eating and drinking, and mental excitement: sometimes it appears to be epidemic.

Prognosis.—Every variety of Psoriasis is curable.

Diagnosis.—When in an advanced stage Psoriasis may be mistaken for Eczema. In general, however, the history will show the vesicular nature of this latter. But when the eruption is on the soles of the feet, or palms of the hands, it is more difficult to diagnose, inasmuch as, from the thickness of the cuticle in those situations, vesicles are not formed. The dry, thick, abundant scales of Psoriasis, however, and the fact that, of the two, Eczema is by far the more common disease, must be our aids in distinguishing the two affections. The means of diagnosis between Psoriasis and Lichen has been already given in the chapter on the latter disease, and the peculiarities of Pityriasis will be shown in the next chapter.

Treatment.—Our first efforts should be directed towards restoring the hepatic and gastric functions to

their healthy condition. For this purpose the treatment should always commence with an aloetic purge, or a small dose of blue and compound rhubarb pill, followed by some such saline mixture as one composed of sulphate of magnesia and acid infusion of roses. Some bitter mixture should then be given, and, as soon as the stomach will bear it, a course of alkalies, iodide of potash, tincture of cantharides, or Fowler's solution.

Tincture of Cantharides was employed by Biett in five-drop doses three times a day, gradually increased to thirty.

Patients suffering from this affection will often bear an enormous quantity of arsenic without any injurious effect; but it should be given at first in small doses, after meals, as it is likely to disorder the stomach. When pressed too far the symptoms it produces are inflammation of the tarsi, ophthalmia, colic, diarrhœa, and paroxysmal cough.

Dulcamara in large doses has long been a favourite remedy, but it has no advantages, and should be used but as a vehicle. Bichloride of mercury, calomel, the green iodide, oxide, hydrargyrum cum cretâ, bicarbonate of potash, tincture of henbane, decoction of elm

bark, or of the arctium lappa, and iron, will also in many cases effect a cure.

The diet should be carefully marked out, and should consist, when the affection is severe, of farinaceous and plainly-cooked, easily digestible animal food, with milk diluted with seltzer or soda water, or a small quantity of bitter beer or ale. A very moderate allowance of well-cooked vegetables may be allowed, but salt meats, spices, pickles, fermented liquors, cheese, raw vegetables, shell-fish or salmon, vinegar or lemon-juice, must be carefully avoided. Change of air and gentle daily exercise should be ordered. Locally, unguentum picis, huile de cade, creosote or mercurial ointment, will be found most useful. Painting with linimentum iodi, or touching the part with strong nitric or sulphuric acid, has been strongly advocated. Dr. Graves and others recommend blood-letting.

Lepra was formerly considered a separate disease, but of late years most authors regard it as merely a variety of Psoriasis. It is characterized by numerous small red spots, which soon become covered with thin, shiny scales; other scales quickly follow, chiefly on the periphery of the former ones, increasing their diameter. The centre scale is next detached, and thus a cup or

saucer-like figure is formed. The spots which enlarge are circular. This disease attacks every portion of the body. It is very difficult to cure; far more so than other forms of Psoriasis. The most successful method of treatment is a short course of mercury, followed by iodide of potassium and bark. If this should fail, iodide of arsenic is our last medicinal resource.

In cases of inveterate Psoriasis or Lepra, a course of the Harrogate waters, followed by the use of a Chalybeate Spa, should be recommended.

Other Remedies recommended.—Ammoniæ Carb., in doses of gr. v. gradually increased to xxiv., by Cazenave. Ammoniæ Iodidum, by Biett and Pennock. Arsenic, by many authors. A. T. Thomson recommends Arsenici Iodidum, in doses of $\frac{1}{10}$ of a gr. Neligan used the following formula: ℞. Liq. Arsenicalis ʒij., Potass. Iodid. $3\frac{1}{2}$, Syrup ʒij., Aq. ʒ ss.,—a tea or dessert spoon thrice daily; or ℞. Liq. Arsen. ♏ lxxx., Potass. Iodid. gr. xvj., Iodi. gr. iv., Syr. Aur. flo. ʒij.,—a teaspoonful in a wine-glass of water thrice daily. Osbrey uses ℞. Liq. Arsen. et Hydr. Iodid. gutt. lxxx., Aq. dest. ʒviij., Syrup. Zingib. ʒ ss.,—dose ʒj. every third hour. Cantharides (Mead). Mezereon (Cullen).

℞. Ferri Arsen. gr. iij., Pulv. Altheæ ʒ ss., Syrup. Aurant. q. s., to make forty-eight pills (Biett). Hydr. Corrosivum Sublimatum, in doses of $\frac{1}{16}$ gr., combined with Cinchona and Sarsaparilla, is recommended by Sir P. Crampton. Hydr. Subsulp. Flavus, by Pareira. Iodine both internally and externally, by Kennedy. Olium Morrhuæ (Graves). Phosphorus (Burgess). Pix Liquida (Romberg). Potassæ Acetas, externally, by Easton. Liq. Potassæ (Willan). Potassii Bromidum (Garrod). Salicis Cortex (Waring). Cazenave recommends the following: ℞. Sodæ Hyposulph. gr. lxxiv., Syrup. Sarsaparilla, Syrup. Daph. Mezer. āā ʒv.,—dose, a tablespoonful night and morning. Sodæ Bicarb., by many authors. Solanum Dulcamara, by Crichton, Wright, Gardner, and Elliotson. The latter advises ʒij. of the decoction, gradually increasing to one pint daily. Ulmus Campestris (Willan and others). Acetic Acid (Cummin). Argenti Nitras (many authors). Creosote (many authors). ℞. Glycerin. ʒ ss., Soda Bibor. ʒ ss., Aq. Rosæ ʒvij.ss. Calomelas ʒj. to Adipis ʒj.,—ʒj. to be used each day (Rayer). Hydr. Iodidum Rubrum (Rayer). ℞. Hydr. Iodid. Vir. gr. ss., Hydr. C. Cret. gr. ij., Pulv. Aromat. gr. ij. M. (Neligan). Liq. Hydrar. Nitratis, by many authors. Internal use of Nitric Acid ʒ ss.,

to O. j. of some bland fluid (Rayer). Oil of Cade, by many authors. Carbolic Acid (Clayton). Hydrocyanic Acid (Thomson). Potassa Sulphurata (many authors). Liq. Sodæ Chloratæ (Acton). Ung. Hydrar. Nitratis (Rayer, Wilson, and others). Iodoform (Glover). Naphthaline (Parisian physicians). Holland used poultices made with a small solution of Opium. Petroleum, by many authors. Black Pitch, Wax, and Resin āā gr. dxl., Olive Oil ʒji., melt and express through linen. Borax ʒ ss. ad Aquæ ʒviij. Sulphuris Iodidum (Davidson). Dr. Graves advises, when the disease is of long standing, to insert an issue before attempting a cure. Leeches are often beneficial.

CHAPTER XV.

*PITYRIASIS.**

PITYRIASIS is a disease characterized by furfuraceous desquamation of the cuticle. The scales, which are very abundant, minute, white, and shining, are readily detached, removed by the slightest friction, but as rapidly renewed. The skin, apart from the desquamation, often presents no unnatural appearance; at other times, however, it is rough and slightly discoloured, brown, or even red. There is in general no sign of constitutional disturbance, and frequently no sensation beyond very slight itching or burning in the part affected.

Pityriasis is most common with children, and with them is easily cured, often lasting but a few days;

* Dandriff, brawny tetter (popular); Dartre furfuracis volante, Dartre Tarmineuse (French); Lepidosis Pityriasis (Good, Young); Crusta capitis numatorum (Plenck); Schuppen (German); Buffa (Dutch).

with adults, however, it is generally chronic. In advanced age, and with females, it is also frequent: those of dark complexion and excitable temperament are most subject to it.

The varieties generally described differ very little from one another, the colour of the part affected being the only difference. Very mild cases are without any discoloration of the skin (P. alba); in severer cases the patches are dark or black (nigra), or different shades of brown (versicolor); the most severe cases being those of a red or reddish colour (rubra). In the worst cases of this last variety the disease resembles Psoriasis so nearly as to render its diagnosis almost impossible.

P. alba is the most common variety; it may affect any portion of the body, but is most frequently found on parts covered with hair, sometimes attacking the orifices of the hair-follicles (P. pilaris), and sometimes scattered among the hairs. It is most frequent on the head (P. capitis), and is then usually known as scurf or dandriff. There is not any redness; the part itches, and, when rubbed, a quantity of scales come off, in the form of a white powder. This variety sometimes occurs in persons of delicate skin, at the flexion of the joints. It is usually chronic, and some-

times alters the colour of the hair, which frequently becomes thinner.

Pityriasis versicolor, or fusca, occurs in irregularly round patches. The skin of the affected part is thick and slightly creased, and generally of a tawny or reddish-brown colour. It is sometimes attended with slight itching or burning. The face and neck are its usual seats. This variety, which was described by Willan and Bateman, is considered by Rayer, Wilson, and many other writers on the subject, to be the same affection as Chloasma. This, however, is an error. I have shown the pupils at Jervis-street Hospital instances of both affections at the same time. In one there were but a number of large liver discolorations, whereas in the other there was a scaly eruption with a tawny discoloration of the affected skin, due to a superabundance of pigment in the cell of the cuticle: the hair, too, in this case, was much blacker in patches. Chloasma, or Liver-spot, moreover, most frequently appears on the chest, abdomen, and back.

In P. rubra the parts are more decidedly red, and the skin is rough and thick. The scales are also larger and more adherent than in P. versicolor, and there is usually a good deal of burning and itching.

Pathology and Causes.—The pathology of Pityriasis is closely allied to that of Psoriasis. In both there is a greater flow of blood to the cutis than is natural, and in both there is an attempt of Nature to use up all the material supplied, by the rapid formation and casting of the epidermis; the difference between the two affections being, that whereas, in the former, there is no inflammation, there being at most slight congestion, in the latter there is always much congestion, and generally some inflammation present.

The disease is most frequently caused by exposure to the wind or the rays of the sun. The constant wetting of a part that is allowed to dry by evaporation also occasions it, as is frequently the case with children who lick their lips. It is often hereditary. Mental emotion or great anxiety, and over-indulgence, are said to be peculiar causes, also violent exercise and sudden changes of temperature. An excitable temperament undoubtedly predisposes to it.

When it occurs over the entire body, it is often preceded by heat and burning, but usually the symptoms are trivial.

Diagnosis.—Psoriasis differs from Pityriasis in the following particulars:—The scales of Psoriasis adhere,

comparatively speaking, firmly; they present a silvery, pearl-like appearance, and cover inflamed spots or patches. Pityriasis capitis is apt to be confounded with Eczema; but with care the vesicles of the latter affection are soon discovered; besides, the scales are moist, and not dry: the hair is generally matted in Eczema—not so in Pityriasis.

From Chloasma it is distinguished by the presence of an abnormal quantity of scales.

Prognosis.—It is always curable, and in course of time, with proper treatment, even the stains disappear.

Treatment.—A solution of borax, acetic acid, or any astringent, especially if combined with glycerine, will serve as a detergent, and mild astringent ointments will in general cure Pityriasis capitis. In very chronic cases the hair should be cut, and much friction be carefully avoided. I believe that to an active purge, and bathing the feet in hot water for half an hour each evening, I may attribute many rapid cures that I have witnessed. If this treatment should fail, a small quantity of mercurial ointment and oil, ointments of sulphur, tar, or creosote, or lotions of sulphuret of potassium, will be found effective. A soft brush should be used to remove the scales before any local appli-

cation is made use of: a fine comb is injurious. Tonics and arsenic, also Harrogate water, will occasionally be of service. When the parts have recovered, if the hair be falling off, cantharides, spirits of rosemary, and balsam of Peru, will be the best applications. In P. rubra, P. versicolor, and all the other forms, sulphate of iron, or zinc ointment, with aperients, is most efficacious. In severe cases, where the affection resembles Psoriasis, it is well to put the patient on low diet for a few days, after which a tonic mixture, with nitro-muriatic acid, will accomplish a cure.

The other Remedies which have been recommended are:—Unguentum Nitratis Hydrargiri, et Ung. Iod. Ver., have been mentioned by many authors. Osbrey and Graves used ℞. Liq. Arsen. et Hydr. Iodid. gutt. lxxx., Aq. dest. ℥viij., Syrup. Zingib. ℥½ M.,—℥j. every third hour. Green used Hydrar. Corrosiv. Sublim. internally. Hydrar. Iodidum Viride (Neligan; *vide* chapter on Eczema). Iodine, internally and externally, by Kennedy. Ung. Hydrar. Ammon. (Wilson). Hydr. Iodum Rubrum (Neligan). Potassæ Carb. (Neligan; *vide* Herpes). Sulphur in vapour bath (Green).

CHAPTER XVI.

COMEDRONES.

COMEDRONES, which is an extremely frequent affection, is popularly known as flesh-worms.

It consists of numerous black spots, often situated on small elevations. These, which most commonly occur on the forehead, nose, and chin, are often so numerous as to produce much disfigurement. If the skin be firmly pressed on both sides of one of these black spots, a white cylindrical mass will be expelled. One end of this is usually tapering, while the other is tipped with black, thus resembling a small, white maggot, from which it derives the popular name of flesh-worms.

Pathology and Causes.—The disease is due to retention in the follicles of the sebaceous secretion. The black spot is generally supposed to be the portion of secretion exposed at the orifice, hardened, flattened, and soiled

by particles of dirt being imbedded in its substance. I am, however, disposed to believe that the follicle is first blocked up by particles of dust, and that the accumulation is caused by impossibility of the discharge of the subsequent secretion.

The expelled mass is found to be composed of epithelium, fat, and crystals of colesterine.

A little animalcule, first discovered by Simon and Henle, called the Acarus folliculorum, is usually found imbedded in the white substance. This, however, is frequently seen in the healthy secretion. Simon discovered it in three out of ten healthy persons, and in the sebaceous secretion in the follicles of every subject examined after death, with but two exceptions, and these were two new-born infants. The animalcule is described as having four pairs of legs, and an under lip lengthened into a tube or proboscis, with two bristles lying on each side of it. There was no apparent mark of separation between the head and thorax. How it finds its way into the follicles is not explained.

The slight difference between the cylindrical mass and the natural secretion I consider as due in part to absorption of some of its particles, especially the fat

and watery portion, and partly to the effect of compression produced by the continued secretion.

It is popularly supposed that eating much salt meat will produce the disease.

Occasionally comedrones become so hard and firm that they can only be removed by means of a pair of forceps. Sometimes the follicles become greatly distended so as to form little swellings. If inflammation arise, the disease becomes Acne.

Treatment.—The treatment is simple. Firm pressure between the nails, or the blades of a pair of forceps, of the piece of skin in which they are situated, will cause the expulsion of the comedrones. In hot weather, when the skin is moist, this is very easily accomplished, or it may be much facilitated by the application of a little glycerine. The parts should be bathed immediately after their removal, with a lotion made with equal parts of eau de Cologne and water.

The disease may be avoided by the occasional application of a little glycerine or cold cream at night, and the free use of soap, followed by friction with a coarse towel, in the morning.

CHAPTER XVII.

*ACNE.**

ACNE is a very frequent disease, and is of much importance, as it often causes great disfigurement and consequent suffering.

It is distinguished by an eruption of small conical tubercular swellings, caused by an accumulation in the interior of the sebaceous follicles. This produces inflammation, both in the follicle and in the immediate neighbourhood, giving rise to effusion of lymph, which imparts a singular degree of hardness to the base of the tubercle. Shortly after an imperfect pustule is formed. This either bursts, or dries up and forms a little scab, which in its turn falls off, leaving only a little red or white spot situated on a hard base. Suppuration takes place very slowly, and the hardened base disappears very gradually.

* Other names—Ἀκνη, Ἰονθος (Greek); Varus (Latin); Couperose (French); Finnen (German).

The disease is very common between sixteen and twenty. It is most frequent on the shoulders, forehead, chin, and neck.

Varieties.—When the pustule is large and forms the principal feature in the disease, it is called Acne simplex or vulgaris. When a black spot occupies the centre, it is termed Acne punctata. When the pustule is either absent or small, and the hard base forms the principal feature of the disease, it is known as Acne indurata.

Acne rosacea is a very chronic variety of the disease, and is usually seen about the nose and cheeks. It is recognized by an eruption of small, slowly-suppurating pustules, and a highly-inflamed elevated base. The blood-vessels about and between the tubercular pustules are usually congested, and many veins distended with blood may be detected circulating between them. The intervening skin is also, at times, much inflamed. The part is usually red and greasy before the eruption appears. This sometimes consists of red tubercles devoid of any tendency to suppuration. If the finger be passed over a portion of the face thus affected, it will be found rough and very oily. There is often minute ulceration at the orifice of the follicle, readily visible with a magnifying-glass.

From repeated attacks of aggravated Acne rosacea the parts become swollen and red, producing the deformity so well known under the popular name of brandy or port-wine nose. This is Acne hypertrophica.

Cazenave describes on the head a variety which he names Acne sebacea, characterized by a superabundance of sebaceous secretion, ultimately producing so much mechanical impediment as to cause complete Alopecia.

Acne is most common at time of puberty. Children are completely free from it. Acne rosacea is most usually seen in patients past forty years of age. I have however frequently seen a mild form of it in girls of from seventeen to twenty-five. In later life it is almost always seen in males, women being very seldom affected with it.

Pathology and Causes.—Acne punctata is due to the presence of particles of dust, coal, and other foreign matters, which have produced a little inflammation. When this has been sufficient to cause effusion of a considerable amount of lymph, it forms Acne indurata. If there is sufficient to cause complete suppuration, Acne vulgaris is established. Thus, these three are but different stages of the same variety. Acne rosacea

is due to chronic inflammation of all the structures about the follicles, with congestion of the entire skin of the affected part.

Acne rosacea is frequently an hereditary disease, and often arises in early life from disordered menstrual functions or a deranged stomach. I have rarely seen the disease in young men. I have very often witnessed it in young women. In later life it depends most frequently on over-eating and drinking. Persons whose faces are exposed to great heat, such as furnace-men, are often so affected. Irritable-tempered men are most frequently its victims. Want of sufficient exercise and constipated bowels may also occasion it. It is often a sign of scrofula.

The other forms depend in many cases on a strumous diathesis, derangement of the stomach by badly-cooked vegetables, fruits, fish, or salt meat; and on constipated bowels. The following also are frequent causes: too much sleep, over-eating and drinking, want of exercise, scanty secretion of urine, sedentary habits, irregularity of the uterine functions, violent exercise, want of cleanliness (especially in avoiding the use of soap), and a sluggish state of the liver.

Simon thinks Acne a disease of the hair-follicles.

Prognosis.—Acne rosacea is often very obstinate in yielding to treatment; but with patience most cases may be relieved. All other forms are easily cured.

Treatment.—In the treatment of every form of Acne our chief attention must be directed to the food of the patient. All uncooked vegetables, together with pork, bacon, all shell-fish except oysters, all salt meats and rich made-up dishes, must be carefully avoided. Porter and strong ales produce the eruption; sugar tends to prevent a cure. Very violent exercise, over-feeding and over-sleeping must be relinquished. The bowels should be freely moved once a day. Sufficient daily exercise in the open air should be taken to equalize the circulation. An occasional dose of grey powder, Plummer or blue pill, is always of use during the treatment of Acne. The internal remedies I have found of most use consist of a small dose of quinine ($\frac{1}{2}$ grain) with one grain of James's powder, taken three times a day with a table-spoonful of the following mixture:—Five drops of Scheele's hydrocyanic acid, two drachms of Brandish's alkaline solution, and an ounce of tincture of gentian, with eight ounces of infusion of calumba. The pimples of Acne simplex, when suppuration has commenced, should be opened; and when their contents escape, a

little mercurial ointment rubbed in rapidly cures the spot. The best local treatment in Acne indurata consists in the application of lard or glycerine at night, and the part washed well in the morning, and dried with some friction by means of a Turkish towel. By this means the circulation is stimulated, and not only is the suppuration of the tubercle hastened, but others are prevented from forming; and thus the disease is checked. For this purpose a stimulating lotion may also be used. A little eau de Cologne answers very well, or a lotion containing bichloride of mercury and rectified spirit.

Acne punctata only requires removal of the irritating mass, and the application of a little mercurial ointment.

In Acne rosacea our first attention should be directed to the liver, kidneys, and stomach. The two former should be stimulated to constant action, and the latter restored, by means of bitter tonics, to a healthy condition. In the case of young persons this is not very difficult. But in those of more advanced years, with whom the affection is most usually met, it is often well-nigh impossible to restore the stomach to a healthy action, and moderate the appetite to such an extent as to preserve it in that condition Rhubarb and taraxacum

should be frequently given, and also an occasional dose of blue pill or iodide of mercury. Carbonate of soda, magnesia, and alkaline mixture are of great service. Early rising and exercise are essential. The diet should be most nutritious. In young persons no stimulant whatever should be allowed. With them also cod-liver oil and syrup of the iodide of iron will be most serviceable. Iodide of potassium and bark I have also found of great use. Ammonia seems at times to be beneficial. Iodide of arsenic should be tried when other means fail. Simple ointments, as zinc, mercurial, or, better still, carbolic acid and glycerine, may be applied. In many cases ether or anæsthetic fluid applied with the ether spray producer will be found useful. The Turkish bath is frequently of great service. Amongst other remedies which have been recommended, Biett mentions butter-milk and the infusion of Cinchorium Intybus in place of coffee. For Acne indurata, he advises sulphurous douche. Cazenave thinks blisters will remove the induration.

For Acne rosacea Thomson recommends hydrargyri iodidum in grain doses with half a grain of ipecacuanha and three grains of extract of Conium at night, and a draught composed of four minims of hydrocyanic

acid, thirty of liquor potassæ, and two ounces of decoction of taraxacum.

Other Treatment recommended.—Aloes (Chausit). Arsenic (many authors). Pix Liquida (Albert, Wetherfield, and Emery). ℞. Zinci Sulph. gr. xxiv., Liq. Potass. ʒiij. M. thirty drops in water twice daily (Thomson). Creosote as an ointment (Waring). Ung. Hydrarg. Ammoniatum (many authors). Sulphuris Iodidum (Todd). Blisters (Biett). Thomson found Emuls. Amygdalæ, applied locally, of great service. Rayer advised ℞. Hydr. Corrosiv. Subl. gr. v., Spiritûs Rosmarini, Spiritûs Vini Rect. āā ʒj., Mist. Amygd. Amar. ʒvj. M. Fiat lotio. Hydrar. Iodidum Viride (Rayer). Nitro-Hydrochlor. Acid as a lotion (Biett, Cazenave, Schedel, Copland). Liq. Potass. with Liq. Arsen. given shortly after meals. Carbonate of Potash has been recommended by Schedel as a local application, as an ointment, and as a bath. ℞. Sulphur. Loti. Magnesiæ Carb. āā ʒj., Pulv. Rhei ℈j., Pulv. Rad. Glycyr. ʒ½, M. Fiat Pulv. Cap. j. bis terve in die. Plummer's Pill given internally at the same time (Todd). ℞. Sulphur. Sublim. ʒij., Camphor ʒij., Aq. dest. ℥iv. M. Fiat lotio. Chausit speaks highly of the application of Glycerole of Aloes formed by evap. from four to eight parts

of Tincture of Aloes and incorporating the residue with thirty parts of Glycerine. ℞. Ammoniæ Hydrochlor. ʒj., Alum ʒiij., Potass. Sulp. ℈j., Aq. Rosæ lb. ss. M. Ft. lotio (Todd). Collodion (Wilson). Acid. Hydrocy. ʒij., Aq. dest. ʒiv., Alcohol ʒij., Plumbi Acet. gr. x. M. Ft. lotio (Lonsdale). Oleum Morrhuæ (many authors). Potassæ Sulphuretæ ʒj., Aq. O. j., twice a day (Todd). Potassæ Carb. as an ointment, by Schedel. Dr. Copland formed a lotion of Biborate in Rose or Elder-flower water, or in water which has been poured in a boiling state over Sulphur and allowed to infuse for ten or twelve hours.

CHAPTER XVIII.

*MOLLUSCUM.**

THERE are two different diseases described under the name of Molluscum, both being rare affections. One, non-contagious and harmless, occurs as rounded elevations, with a dark depression in the centre, scattered irregularly over the surface, and enlarging slowly to a size which varies from that of a grain of shot to that of a hazel nut. These, which are soft and elastic, after a time ulcerate, the contents escape, and the elevations disappear, leaving a smallpox-like pit in the skin. Sometimes, however, they remain for years without any change.

The second is undoubtedly a contagious disease, and is fortunately very rare. I have seen it in but one family. In a house in which a friend resided in Berlin,

* Other names—Comedrones, by some modern writers; Lupra (Sauvages); Ecphyma mollusciforme (Wilson); Acne molluscoides (Caillault); Acne varioliformis (Bazin).

I noticed that the porter who attended the door had three curious-looking tumours on his face; one was as large as a marble, and the others about the size of a large swandrop.

On examination I found them extremely hard, and the skin covering them in a perfectly natural condition. His body was dotted over with similar tumours of various sizes: one on his neck, which had ulcerated three days before I saw him, was an inch in circumference. Most of them were fixed: some, however, were moveable. The account he gave was that six years before, while in Russia, in the capacity of a gentleman's servant, he was in the habit of sleeping in the same room with a man who was similarly affected. After two months' residence with this companion, the disease appeared on the narrator's abdomen, and since that time he has continually suffered from it. Twelve months after his marriage, his wife, previously a healthy woman, became affected with three similar tumours. A few of those on the man's body were pedunculated; some were soft, but most of them were hard. From one he was able to squeeze a milky fluid, upon which it diminished to half the size. They were not in the least painful.

This man had reason to be perfectly convinced of the contagious nature of the disease; and, after seeing this case, I also came to believe that which is so hard to understand, namely, that in such cases contagion can be conveyed from one person to another.

Varieties.—Molluscum sessile is that in which there is a hardened base. Molluscum pendulum is characterized by a pedicle. Simon divided the disease into Molluscum simplex and contagiosum; Bateman, into contagiosum and non-contagiosum; Dr. Craigie, into acute and chronic; Sauvages termed it Lupra; Caillault, Acne molluscoides; and Bazin, Acne varioliformis.

Pathology and Causes.—The affection is said to be due to the enlargement and alteration of the sebaceous glands. The contents of the tumours, which in general have the appearance of fluid wax, consist of altered sebaceous secretion, with many oil-globules in closed cysts. In other cases they are more fibrous. Sometimes, as above mentioned, a milky fluid exudes when they are pressed. Hardy believes the disease to be due to a parasite.

Diagnosis.—The disease cannot be mistaken. The numerous tumours, free from inflammation, many of

them soft, and many having the black spot or depression, sufficiently mark Molluscum.

Prognosis.—The disease does not tend to shorten life.

Treatment.—The first variety may be treated by simply laying open the tumours. For the second, some caustic application, as nitrate of silver, nitric acid, or the like, should be used. The tumours, when pedunculated, may be removed with the aid of scissors.

The other Remedies which have been recommended are: Argenti Nitras. Erasmus Wilson touches the tumours with the solid nitrate. In some cases he first opens them. Thomson uses the Sulphate of Copper. Emery employs Nitric Acid.

CHAPTER XIX.

STEARRHŒA.

STEARRHŒA is characterized by an increase, and often alteration, of the sebaceous secretion, accompanied with enlargement of the follicles.

The most frequent form of this affection is where the secretion is more abundant than normal, rendering the part greasy and oily, but where there is no alteration in its character. This is Stearrhœa simplex, or Sebaceous flux. It is congenital, and ought not to be considered a disease. The nose is the part most usually affected. It may, however, occur over the entire body. The follicles are usually enlarged. People affected with it are very liable to Acne. It has been supposed to indicate a scrofulous tendency. Scales may generally be found at the orifice of the follicles, formed by the dried secretion.

Sometimes the secretion is altered, and, as it escapes,

it concretes into a yellow-greenish crust, generally soft, but occasionally firm and hard. After a time this cracks, and becomes dark in colour. It often inflames the part on which it lies. The mouths of the sebaceous follicles are always enlarged, and the glands usually hypertrophied. There is often itching and burning from the surrounding inflamed skin. This variety is known as Stearrhœa flavescens, and is the true Fluxus sebaceus of Rayer.

Sometimes the discharge is black; it is then called Stearrhœa nigricans. This is, however, so uncommon, that it is seldom seen in this country.

Causes.—Stearrhœa may be caused by derangement of the uterine or gastric functions, when the disease is not hereditary or congenital. Females are more frequently affected than males.

Prognosis.—The affection may be easily relieved, but it is extremely difficult to cure.

Treatment.—The treatment of Stearrhœa consists in the use of astringent lotions, ointment, and soap. The surface should be kept scrupulously clean, and the savon hygiénique of the French should, if possible, be used. Carbolic acid, acetate of lead, sulphate or oxide of zinc, or tannic acid, will likewise be found, if persevered in,

to effect a cure. Lotions, frequently applied, are preferable to ointments. A simple one is made with eau de Cologne, or brandy and water. A little black-wash will at times be beneficial. In the more severe forms, iron internally will generally be required.

If the patient be scrofulous, cod-liver oil is usually considered the proper treatment. But, in my experience, this remedy tends in general to increase Stearrhœa simplex.

The menstrual functions should be regulated, and much good will result from a constant attention to the state of the bowels. A free motion each day is absolutely required. Attention should also be directed to the state of the kidneys, and the occasional use of diuretics will be found serviceable.

CHAPTER XX.

*IMPETIGO.**

IMPETIGO is characterized by an eruption of numerous small yellow pustules, sometimes grouped and sometimes scattered.

The eruption is placed on a red ground, which occasionally precedes the appearance of the pustules. As these burst, thick, rough, moist, uneven crusts of a yellowish-green colour are formed. The neighbouring lymphatics are invariably enlarged. It is not contagious;† but, according to Bateman, it can be

* Other names—Crusted Tetter, Tetter, Humid Tetter (popular); Melitagra (Alibert); Ecpyesis Impetigo (Mason Good); Ψώρα ἑλκώδης (Greek); Lepra squamosa, Lichen vitiligo (Latin); Phlysis Impetigo (Young); Dartre, Dartre crustacée, Lèpre humide (French); Zittermal, der Kleienaussatz (German); Scharft-held (Dutch); Ringorm (Danish and Swedish); Impetigine (Italian); Empeine (Spanish).

† In this opinion Cazenave and most others agree, but there are many who believe it to be capable of transmission by contagion. Willan thinks that variety which is characterized by an eruption of Achores to be contagious.

produced by inoculation. It is usually free from febrile disturbance.

When the pustules occur on a part where the hair is long, they are small, pale yellow, but very slightly elevated, and often irregularly circumscribed. These are termed Psydracia. If, however, the eruption occurs on a part covered with fine hair or down, they are very small, and have comparatively much elevation, and are termed Achores.*

Varieties.—The best division of Impetigo I believe to be that which has been made according to the arrangement of the pustules.†

Thus, we have Impetigo figurata, in which the disease appears as small, circumscribed, round or oval, slightly

* There are generally three varieties of Pustules described—1. Phlysacia, being large, raised on a hard circular base of a vivid red colour, and succeeded by a thick, hard, dark-coloured crust. 2. Psydracia, small, often irregularly circumscribed, and having but slight elevation of the cuticle, terminated in a laminated scab. 3. Achores, being very small on comparatively large base, often, however, forming large crusts not unlike honey in appearance. Willan, however, described a fourth variety, which he named Favi.

† Many other divisions have been proposed. The principal have been—from position, I. Faciei and Capitis; from duration, I. Acuta and Chronica; from nature of crust or inflammation, I. Vulgaris, Erysipelatodes, and Larvalis; mixed, I. Figurata, Sparsa, Capitis.

elevated red patches, on which the pustules, crowded together, are developed. These are numerous, very small, seldom larger than a pin's head, and very slightly raised. In a few days they burst and form brownish-yellow crusts, resembling honey or candied sugar, from which Alibert named it Melitagra. From beneath these crusts there oozes a sero-purulent discharge, which partly dries up in the neighbourhood, and partly flows away, reddening the part over which it passes. When the crusts fall off the cuticle is thin, red, and shining. All through, the parts are the subject of itching, tingling, and heat. The face is the most frequent situation of this variety, and it is not usually preceded by decided premonitory symptoms.

Impetigo sparsa is that on which the eruption is scattered over a large extent of surface, the intermediate skin being healthy. The pustules are often developed singly; at other times in small groups. They are larger than in I. figurata, and by successive crops frequently render the disease chronic. The pustules run the same course as in the last variety.

If the inflammation attending Impetigo is very high, and the premonitory symptoms severe, the disease resembles Erysipelas, and Willan called it Impetigo

erysipelatodes. When the face is covered by a thick crust, it is termed Impetigo larvalis, and when a large portion of an extremity is covered, it is called Impetigo scabida.

When small dry crusts adhere to the hair after they have been separated from the skin, it is termed Impetigo granulata. At times, ulceration follows the separation of the crusts : this is Impetigo rodens. When Impetigo occurs on the head, the disease is named Impetigo capitis.

The disease may be an acute or chronic affection.

Impetigo figurata, which is the only form which runs an acute course, is usually well, when left to nature, in a month or five weeks. In old and debilitated subjects it is often complicated with œdema. It occurs at all ages, but is more frequent between thirty and forty. Women are especially subject to its attacks. It is most common in spring and summer.

Pathology and Causes.—Impetigo is a suppurative inflammation of the hair-follicles. It may be produced by any irritating substances, as lime, sugar, parasites or insects, but it is usually to constitutional causes that it is to be attributed. These, however, are not such as produce much general derangement. The cause rather

seems to me some state of the blood which irritates this particular part of the human frame. Nature selects and takes from the liquor sanguinis, by a peculiar process, those substances which each part requires for its nourishment and growth, and it is most probable that other particles *may* exist in combination with these substances which irritate and inflame the particular portions they are intended to nourish, without, however, affecting the general health.

This, I am convinced, will furnish an explanation not only of inflammation of the hair-follicles occurring as it does from constitutional causes, without much general constitutional derangement, but also of many other inflammations connected with the cutaneous structure.

Prognosis.—Impetigo is a curable affection in all its forms.

Diagnosis.—Very little care is required to diagnose Impetigo from small-pox. Apart from the fever, pain in the back, and period at which the eruption appears in the latter, the character of the pustules will serve to discriminate between the two diseases.

Eczema may be mistaken for Impetigo; but the vesicular nature of the former, and the colour of its crusts, the alkaline discharge, and the freedom of the

hair-follicles from the disease, render its recognition easy.

Impetigo capitis often resembles Tinea favosa, but the distinct pustules of the former, the light yellow colour, and the cup-like depression of the crusts in the latter, will prevent a mistaken diagnosis.

In Sycosis the spots do not completely suppurate; the scab is dry, hard, and black, and there remains a tubercular hardness when these fall off.

The pustules in Ecthyma are larger, fewer, and situated on a red base, and the crusts are dark.

Treatment.—Our first care must be to remove the crusts by steaming or poultices, at the same time administering a purge, the nature of which must be regulated by the general condition of the patient. The same remark will apply to diet.

An astringent ointment should not be neglected, and the internal administration of some tonic or diuretic will be found serviceable. Citrate of iron and quinine, syrup of the iodide of iron, sulphate of quinine or oil of turpentine, may be selected, in accordance with the condition of the patient.

Cod-liver oil often cures the disease in a few days; in other cases, however, it seems of little use.

In chronic cases, with strong, healthy adults, active aperients, together with carbolic acid and glycerine ointment, or iodide of sulphur, are the best remedies. In delicate subjects, however, quinine, iron, and mild salines must be substituted. Mineral waters of Harrogate, Aix-la-Chapelle, Lisdoonvarna, are useful. Epilation is rarely necessary.

Other Remedies which have been recommended.— Arsenic has been advised by many authors. A. T. Thomson used doses of the $\frac{1}{10}$ gr. of Iodide of Arsenic. Neligan's formula was the following: ℞. Liq. Arsen. ʒij., Potass. Iodid. ʒss., Syr. ʒij., Aquæ ℥ss., M.; dose: a teaspoonful thrice daily. Liq. Arsen. et Hydrar. Iodid. gtts. lxxx., Aquæ dest. ℥viij., Syrup. Zingib. ℥j.; dose: ℥j. every third hour (Osbrey). Calcii Chloridum (Cazenave). Hydrar. Iodid. Vir. gr. ss., Hyd. c. cretâ gr. ij., Pulv. Aromat. gr. ij., M. (Neligan). Iodine (Kennedy and Neligan). Olium Morrhuæ (Graves). Nitric Acid, ʒss. to O.j. of bland fluid, by Rayer. Pix Liquida (Emery, Alibert, Wetherfield). Creosote as an ointment. Ung. Hydrar. Ammon. (many authors). Calomelas (many authors). Ung. Hydrarg. Nitratis (many authors). Acid. Hydrocyanic. ʒiv., Aq. dest. ℥viij., Alcohol ʒiv., Plumbi Acetat.

gr. xvij., M. Fiat lotio. Potassæ Carb. as an ointment and bath, by Schedel. Montgomery used Ung. Scrophulariæ (fresh leaves ℔ ij., Lard ℔ ij., Suet ℔ j.),— Borax ʒ ss., ad Aq. ʒviij. Sodæ Bicarb. ʒij. to ʒiij., ad Aq. O. j. Liq. Sodæ Chloratæ, diluted solution (Acton). Alibert used the following: ℞. Sulphur Sublim. Tinc. Opii āā ʒ ss., Zinci Oxid. ʒj., Ol. Amyg. ʒj., Adipis ʒiij., M. Fiat Ung. Veratrum Album, I have seen much used in the Parisian hospitals. The following is the formula: Powdered root ʒij., Lard ʒviij., Oil of Lemons ♏ xx. Watson advises Zinci Oxidum, as lotion gr. xv., ad Aq. ʒj., or dusted over the part. Emuls. Amygdalæ (A. T. Thomson). Aqueous solution of Nitrate of Sliver, or small portions successively touched with the solid nitrate (many authors).

CHAPTER XXI.

*ECTHYMA.**

In Ecthyma the pustules are large, round, and flattened,† usually isolated, but occasionally occurring in patches. They are situated on a hard, elevated, and inflamed base, terminated by drying into yellowish-brown crusts. These adhere, and are embedded in the hard base for two or three days, when they spontaneously fall off, leaving a deep red stain, a cicatrix, or a superficial ulcer. The lymphatics near the affected parts are usually enlarged.

Varieties.—Willan, Bateman, and others describe four varieties; viz.—Ecthyma vulgare, infantile, luridum, and cachecticum. The first of these is what other authors

* Other names—Terminthus (Latin); Phlysis Ecthyma (Young); Ecpyesis Ecthyma (Mason Good); ἔκθυμα (Greek); Bouten (French); Phlyzacia (Alibert); Erbsenblattern (German); Paistin (Dutch).

† Phlyzacia.

describe as Acute Ecthyma, and the other three are included under the term of Chronic Ecthyma.

Acute Ecthyma is usually preceded by feverish symptoms, and a smart burning pain in the part about to be attacked. This is generally the neck or shoulders. The eruption occupies but a small surface, and runs its course in three weeks or a month. When the disease is very mild, the part is found in its natural condition after the crusts fall off; but, if severe, a stain is left.

Chronic Ecthyma is not an uncommon disease with debilitated subjects. It is so common with weakly infants, that Willan named a variety "infantile." In this form the disease appears without febrile disturbances, but is sometimes attended, especially in cases which terminate fatally, by typhoid or hectic symptoms. There is always a tendency to diarrhœa. The pustules, which are irregularly distributed over a large, and sometimes over the entire surface, appear in successive crops, and run the same course as those in the acute variety.

In adults of very debilitated constitutions, and in old people, the fluid contents of the pustules are often sanguinolent, and the pustules themselves large; the areola at their base being of a dark livid red.

This is what Willan named Ecthyma luridum. It is in this variety that, when the scabs fall off, we so often find ulcers, which, though superficial, are always difficult to heal.

Sometimes the constitution becomes affected early in the disease, and large pustules appear over the entire body, the crusts of which remain fixed in the inflamed base for months together. This is what Willan named Ecthyma cachecticum. The pus in this variety is often of a dark colour, and the stain which results is usually purple or livid red.

Chronic Ecthyma may last any time. It is not unusual to meet a case of six or eight months' duration. It is frequently accompanied with severe gastro-intestinal irritation, marked by diarrhœa, raw state of the tongue, and frequently by ulcerated tonsils. It is not a contagious affection.

Diagnosis.—There can be no difficulty in recognizing Ecthymatous pustules. Their hard, inflamed, elevated base, large size, dark-coloured crusts, and the peculiar stains left when these fall off, readily distinguish the disease from Furunculi, Rupia, Acne, Sycosis, and Impetigo.

From small-pox Ecthyma is to be distinguished

by the absence of the fever, as well as by the limited character of the eruption, and the comparatively small number of the pustules.

Pathology and Causes.—The affection generally originates in the sebaceous follicles, but frequently it also affects the hair-follicles. In either case the inflammation spreads to parts about, and causes effusion of lymph. When the hair-follicles are affected, and the pustule large, it is umbilicated. This arises, according to Simon, from their being thereby tied down. He thinks that when tartar emetic is applied to the skin, the orifices of the hair-follicles are those primarily attacked.

The cause of Chronic Ecthyma would seem, from the class of patients it attacks, to be debility. Everything which tends to this, such as dissipated habits, bad and insufficient food, chronic dysentery or diarrhœa, syphilis, and pregnancy, are its most frequent causes. It occasionally appears after other affections, especially fevers. It is often due to local irritation. The eruption with which grocers are so frequently attacked, and which is vernacularly called "grocers' itch," is generally Ecthyma. The pustular eruption due to the irritation of tartar emetic is also ecthymatous. The acute

form often occurs in spring. It is then most frequently caused by sudden changes of temperature, or by violent exercise, when much dirt has accumulated on the skin.

Prognosis.—As a rule, Ecthyma is not dangerous. It is however, serious, and may terminate fatally. Every variety of the disease will yield to treatment, if attended to in its earlier stages.

Treatment.—In Acute Ecthyma little treatment is required. A tepid or warm gelatine bath may be used. If the bowels be constipated, a mild saline aperient should be administered, and the patient ordered sulphate of quinine and sulphuric acid, or citrate of iron and quinine. Moderate diet should be allowed. In this way the affection may be cured in from three to eight or ten days.

The chronic form of the disease is much more difficult to cure.

Diarrhœa should be at once arrested, if it exists. A tepid alkaline bath will relieve much of the irritation which attends the affection. The diet should be generous; and, if an infant be the subject of it, some ass's or goat's milk should be given, in addition to its ordinary food. With adults I always order cod-liver oil in such quantity as the stomach will bear, together with one of

the following tonics :— quinine, sarsaparilla, nitric or sulphuric acid, calumba, cinchona, gentian or iron. Opium is also usually required.

Ammonia and chloric ether will likewise be of the greatest use in the commencement of our treatment. By them we stimulate the system to an effort to rid itself of the disease. The diet should be nutritious and mixed—milk, arrowroot, rice, and well-cooked vegetables, together with a small quantity of plainly-dressed animal food, and a liberal allowance of beef-tea, or plain soup. Beer and porter are usually of service, but still hock or good claret is essential. Occasionally spirits, either brandy or good Irish whiskey, will be required. Change of air, chalybeate water, sea-bathing, are all useful, and should be ordered when the means of the patient enable him to use them.

The local applications are best of some simple quality, as calamine or cucumber ointment, or finely-powdered lapis calaminaris.

Removal of the cause, and some of the above applications, will cure those of a local origin.

Taraxacum occasionally is of the greatest use in the treatment of Chronic Ecthyma.

Mercury and iodide of Potassium may be of use

when the disease is of syphilitic origin. If the former remedy be used, the quantity should be very small. Dr. Thomson recommends, in some cases, iodide of Mercury with James's powder, and extract of Taraxacum. Iodide of potassium and nitrate of potash, in small doses, he has also found of great use.

Among the other medicines recommended for this disease may be mentioned lemon-juice, Colchicum, and Valerian. In the acute variety, much good often results from the use of minute doses of tartar emetic in whey. Wilson mentions Alum. Calx Chlorata ʒj. to O. j. has been used, as a lotion, with marked success. Hydrocyanic Acid is advised by Lonsdale. Iodine, internally and externally, by Kennedy. Liq. Plumbi Subacet has been recommended by many authors. Quinine, by most writers. Borax (Copland: *vide* chap. on Acne). Martin-Solon recommends Zinci Oxidum, gr. xv.—xlv. to gr. xxx. of lard. Liq. Sodæ Chloratæ, by Acton. Potassii Iodidum, by Wilson.

CHAPTER XXII.

PURPURA.

PURPURA is a disease so closely resembling scurvy that it has received the popular name of land scurvy. It is characterized by an eruption of spots (petechiæ) or patches (vibices). These occur not only over the entire skin, but sometimes they may be seen on the mucous membrane, and a post-mortem examination has shown them even on the surface of the vital organs. These spots or patches, which are due to an extravasation of blood into the derma, are at first of a bright red colour, but soon become dark. They then fade, being first brown, next orange, and lastly passing through different shades of yellow, until at the end of twelve or fourteen days they entirely disappear.

They are not, at any time during their existence, raised. The eruption is not usually preceded by febrile symptoms.

Infants are, I believe, free from the disease; all other ages are liable to it.

It is usually chronic. Each crop runs its course in from ten to fifteen days.

The disease is generally divided into Purpura simplex and Purpura hæmorrhagica; the latter being but a severe variety of the former. To these, however, may be added Purpura urticans.

Purpura simplex may appear without any premonitory symptoms. More usually there is for some time previously a sense of languor, weakness after the slightest exercise, and inability to undertake any severe mental labour. The eruption appears as bright red spots irregularly scattered over the entire body, but being more numerous on the extremities.

The smaller are quite circular; but the others, especially near the flexures of the joints, are oval. These larger ones are often due to the union of many of the smaller.

After their appearance they deepen in colour for some hours, often becoming almost black, then remain stationary for a day or two, and ultimately begin to fade, until at the end of ten or twelve days they entirely disappear. The disease, however, has not

vanished. As these spots have been passing through the different shades of brown, orange, and yellow, other spots and patches have appeared; and, running the same course, prolong the disease.

Thus, by a succession of crops, Purpura simplex is generally rendered a chronic disease. A certain amount of debility always attends it. It is rather a frequent affection with old women, and is then sometimes known as Purpura senilis. In these cases, however, there is seldom a second crop, and the disease only appears on the extremities.

Purpura urticans differs from Purpura simplex in being accompanied by reddish elevations or wheals. It was first described by Willan, and is accompanied by some itching and burning. This swelling subsides in a couple of days, and the spot which remains runs the ordinary course of Purpura simplex. Occasionally I have met with cases where the first crop was the only one in which the wheal appeared.

Shönlein named a variety which occurs in conjunction with a roseolar eruption, Pellicosis, or Purpura rheumatica. When there are little spots mixed with the purpuric eruption it is what Hebra called Purpura papulosa.

By Purpura contagiosa (Willan and Bateman) is meant the eruption which occurs in certain fevers, probably that of typhus.

Purpura hæmorrhagica is a more severe variety of the disease. It is characterized, in addition to the eruption on the skin, by a like eruption on the mucous membrane, through which the blood readily oozes, causing hæmorrhages, often copious, from the gums, stomach, lungs, nose, intestines, bladder, kidneys, urethra, and vagina. As a consequence of the repeated hæmorrhages, the surface is pallid, and the face and ankles often œdematous; the urine is albuminous by the admixture of blood, and the stomach not unfrequently rejects all sustenance. The patches on the cutaneous surfaces are larger and more numerous than in the simple variety. P. hæmorrhagica is generally preceded by severe constitutional disturbance, pains in the limbs, lassitude, and inability to undertake any mental or physical exertion. Occasionally however profuse hæmorrhage and abundant eruptions occur without obvious premonitory symptoms.

The slightest pressure in bad cases causes a mark as of a bruise. With such persons there is great prostration of both body and spirits. Sometimes the

hæmorrhages recur so often that the exhausted patient dies from debility.

Dr. Graves described a form accompanied by a red efflorescence, which he proposes to call Exanthema hæmorrhagicum.

Pathology and Causes.—The pathology of this disease is not very clear. Many authors attribute it to constitutional weakness. Willan believes it to be due to hepatic congestion and imperfect secretion of bile. Parry looked on it as inflammatory; others believe it to be due to a deficiency of fibrin. The purple discolouration is undoubtedly the result of hæmorrhage into the substance of the derma.

For some years I have noted every case of Purpura and of scurvy I have met with, either here or in the hospitals abroad, and the result is a belief that Purpura is due to loss of elasticity in the coats of the capillaries, which prevents them resisting the force of the circulation. It is, in my opinion, quite independent of the state of the blood. Scurvy is due, on the contrary, entirely to an altered state of the blood. Gouty and rheumatic persons are far more liable to Purpura than any other class of patients. Low, ill-ventilated habitations, bad and

insufficient food, may of course be predisposing causes.

Diagnosis.—It can be mistaken but for one affection, viz., scurvy; but in the latter affection, the spongy gums, peculiar sallow hue, and the feeling of soreness in the limbs, especially the calves of the legs, render diagnosis easy, as Purpura is free from all these symptoms, and is, moreover, characterized by the peculiar purple blotching of the skin.

Treatment.—The internal treatment may be confined to four medicines:—Gallic or Tannic Acid, Turpentine, Creosote, and Iron. With the aid of these and proper diet, every case attended to in time may be cured.

The diet should consist of strong tea or coffee, plainly dressed animal food, and well-boiled vegetables. All stimulants must, if possible, be avoided. Butter, sugar, and starchy matters should in general be used sparingly. Daily gentle exercise should be enjoined. To these may be added a cold sponge-bath each morning and evening. Cider is the only alcoholic drink that I would allow, unless the patient find stronger stimulants necessary, and then, gin, good whiskey, or brandy, are the least harmful. Any one of the above medicinal remedies may be selected. Creosote is that in which I

have least confidence, and Iron is the one I prefer. Gallic or Tannic acid may be used in 5-grain doses, frequently repeated ; and, where hæmorrhage is copious, even in doses of 10 grains. Turpentine in doses of from ♏5 to ʒj ; Creosote 2 to 20 ♏, and muriated tincture of Iron 5 to 20♏.

The other Remedies recommended are:—Sponging the body with tepid vinegar and water, by Wilson. Tinctura Ferri Perchloridi (Page and many others). Carlyton advises Potassæ Nitras. In mild cases he uses gr. x. three times a day; in more severe cases gr. x. to ʒj., every two or three hours. He gives it with equal quantity of sugar in cold water, and advises the diet to consist of gruel, farinaceous food, barley, &c. Stephens found the following most useful: ℞. Sodæ Bicarb. ʒss., Sodæ Chlorid. ℈j., Potass. Chlorat. gr. vi. M., ft. Pulv. ter in die sumend. ex aquâ. Ol. Terebinthum, in doses sufficient to purge. Neligan gave ʒij. night and morning to a child six years of age. Castor oil is a good vehicle. Cathartics have been recommended by Hirsty.

CHAPTER XXIII.

FURUNCULUS, ANTHRAX, AND PUSTULA MALIGNA.

FURUNCULUS, OR BOIL.

FURUNCULUS, or Boil, is a circumscribed inflammation of the cutis vera, and probably also of the areolar tissue. It occurs as a hard, conical swelling, which soon suppurates. In the centre of this a pustule then forms, which is vernacularly termed pointing. This quickly bursts and discharges some sanious pus, followed generally by a small slough, popularly called a core. When this has been removed the pain which before existed subsides, and the part gradually assumes its normal appearance. Occasionally, when the boil has been large, a small cicatrix remains. Sometimes, after the boil bursts, the parts gradually recover without the appearance of any core; these are called blind boils.

Furunculi occur in all classes of patients, but are

more common in plethoric adults. They occur generally in numbers, and without any premonitory symptoms, attacking patients who are apparently in the best possible health. They are seen on all parts of the body, but are more frequent where there is some irritation.

Pathology and Causes.—Boils are circumscribed inflammation of the true skin, with effusion of lymph, terminating in suppuration and small slough. This latter is, according to some, dead cellular tissue, but according to others, part of the cutis vera. A third opinion is entertained, that it is an entirely new product, the result of inflammation.

Boils are sometimes epidemic, and certain conditions of the atmosphere influence their occurrence. Sudden changes of diet, too much animal food, diseased meat, functional derangement of the kidneys, constipation, and friction, are all exciting causes.

Prognosis.—Boils are of little importance in themselves, but may occasionally be the cause of pyæmia; some such cases have been recorded.

Diagnosis.—Boils may be mistaken for Anthrax. A comparison of the following, however, will render diagnosis easy :—

BOILS.	ANTHRAX.
Conical in shape.	Flat on summit.
Discharge by one opening only, when left to themselves.	Opens in several places.
Pain subsides only when core comes away.	Pain subsides as soon as the tension is removed by free incision.
Occur in apparently healthy people.	Occurs in debilitated subjects.

Treatment.—When a boil is first noticed, it can always be arrested in persons otherwise healthy by a little pressure, and an active purge, followed by an alkaline mixture of potash and gentian. If it be caused by bad atmosphere, change of air should likewise be enjoined. Acids should, however, be used, if the urine be found alkaline. In all other cases alkalics are the best internal medicines.

The quantity of sugar and oily matters taken should be limited, and daily exercise and Turkish baths enjoined. Quinine and James's powder, combined with a tonic alkaline mixture, are most useful. Turpentine will also cure a large number of cases. Yeast

in half-ounce doses three times a day is most beneficial in many cases.

Locally.—Incisions and nitrate of silver have been recommended.

The other Remedies recommended are:—Arsenic has been much praised by Dr. Schweich. Cerevisiæ Fermentum: Mosse found Yeast in doses of tablespoonful twice daily for adults, the best remedy.

ANTHRAX, OR CARBUNCLE.

CARBUNCLE is not a cutaneous disease. It is an inflammation of the subcutaneous cellular tissue, terminating by the sloughing and expulsion of a portion of that tissue. The most common seat of this affection is the posterior portion of the trunk, particularly the nape of the neck near its junction with the occiput. It occurs in debilitated subjects, and is best treated by the administration of tonics and stimulants, together with strapping, as recommended by Dr. O'Ferrall. Cases of Anthrax never require incision. I have seen upwards of three hundred cases successfully treated without a single death or incision.

The other Remedies recommended are:—Bromine

internally and externally has been used by Dr. Glover. Carbolic Acid lotion is most useful. Potassæ Bromidum, by Bennett.

PUSTULA MALIGNA.

PUSTULA MALIGNA is a disease contracted by contagion from the lower animals. It appears, in from one to three days after infection, as a red spot, which soon becomes a vesicle. Thus far the disease is accompanied by severe itching; this, however, soon ceases, and simultaneously the vesicles burst, disclosing a piece of dead skin. Vesicles now form around, and run the same course; and, as the slough enlarges, constitutional symptoms increase, and ultimately the patient dies. The disease, which generally runs its course in eight or nine days, is accompanied by but little pain.

The prognosis is in general very unfavourable. Occasionally, however, the disease is arrested by treatment. The head and neck are its most dangerous seats.

The treatment consists in the administration of ammonia and alcoholic stimulants, tea, coffee, milk, and beef tea; the part affected is to be excised or cauterized with potassa fusa, nitric acid, or the actual cautery.

CHAPTER XXIV.

*SCABIES.**

SCABIES is a very common disease, characterized by an eruption of vesicles or pustules, attended with much itching, and caused by a parasitic animalcule. The disease exists in every country, but is worse in warm climates. It attacks both sexes, and people of every age are liable to it. It usually occurs on the tender parts of the skin most exposed to contagion. Thus it is most frequently seen to commence between the fingers, and on the front of the wrists and forearms. The scalp is never affected, and it is rarely seen on the face.

It is a contagious disease. The passage of the animalcule from one person to another is the means of

* Other names—Itch (popular); Yuck (Scotch); Psora (Cullen); Pruritus (Latin); Ecpyesis scabies (Mason Good); Phlysis scabies (Young); Gale, Rogne, Gratelle, Charpin (French); Kratze, Raude (German); Schurft, Krauwagie (Dutch); Skab klöe (Danish); Scaab kläda (Swedish); Scabbia, Rognay, Raspa (Italian); Sarna, Roña (Spanish).

communication. This, however, is doubted by some authors, who think the fluid from the vesicles is the contagious portion of the disease.

Willan described four varieties of genera: Scabies papuliformis, S. lymphatica, S. purulenta, and S. cachectica; but the distinction between these varieties is quite unnecessary. I shall therefore include all under one head.

Pathology, Causes, Description, and Symptoms.—Scabies is caused by an animal parasite, generally supposed to have been first discovered and described by Avenzoar in the 12th century, but more probably known to the ancient Romans, Greeks, and Arabians, before the Christian era. It is called the *Acarus scabici*, or by some the *Sarcoptes hominis*. Some days after it finds its way on the skin, it is discovered to have bored through the outer layer of the epidermis, and to be making its way between the layers. A vesicle soon arises, probably from irritation in the neighbourhood of its entrance. This vesicle bears the mark of the opening through which the animalcule passed. From this we easily trace the white line (cuniculus or sallon as it is occasionally called) marking its passage. This is sometimes straight and sometimes circuitous, and varies

from one to five or six lines in length. At the end of this the parasite lies under a slightly raised spot. Several other vesicles now form in the neighbourhood. Itching too has probably already attracted the attention of the patient. This increases, and the parts become torn and inflamed. Sometimes the vesicles appear as papules to the naked eye, but the use of a lens reveals their vesicular nature. This, however, seems to be situated on a papular eminence: hence Willan's name of S. papuliformis. A few pustules may arise if the inflammation be severe. Small scabs or crusts form by the drying up or rupture of the vesicles. When the disease has lasted some time the skin cracks, and presents an appearance very diagnostic of the disease. When the itching is severe, small excoriations are caused by the nails, and the tearing away of the pustules often displays small ulcers. Hebra pointed out the fact that, when paralytic persons are affected with Scabies, these latter complications do not exist.

The vesicles are usually scattered irregularly about, with little or no redness surrounding them, some having the appearance of being buried in the cuticle, and are not acuminated. This is the so-called variety that Willan named Scabies lymphatica; it occurs where the

epidermis is thick. Others are acuminated and surrounded by redness. If pustules form without the presence of vesicles, it is called S. purulenta: this is an extremely rare variety.

When the disease occurs in scrofulous patients it is complicated with Impetigo and Eczema. This is what Willan termed S. cachectica.

Cases are recorded where the disease did not produce vesicles, pustules, or any other appearance than the white line marking the burrow.

Scabies never disappears spontaneously. The animalcule is reproduced *ad infinitum*, the female laying four eggs at a time, from which, in eleven days, the larvæ come forth, and in seven more are fully-developed *Acari*, tortoise-like, but having eight legs, and capable of reproducing their species. The disease may thus last for any length of time.

In old people the small papular vesicles are common, and often resemble a papular eruption.

Diagnosis.—The diagnosis of Scabies is generally simple. Its appearance in most cases is characteristic. The vesicles with white lines leading from them, cracks, fissures, scabs formed of serum, blood, epithelium, and pus, all mixed, together with the intense itching, its

contagious nature, and the position it occupies, render a mistake unlikely. In less-marked cases it may be mistaken for Eczema, Impetigo, Prurigo, or Lichen.

From Eczema it is known by its position and contagious nature.

From Impetigo, by the vesicles and the large prominent character of the pustules (if such exist), the situation, the red bases, and intense itching.

From Lichen and Prurigo, by its vesicular nature, which can always be seen with a lens.

Besides these distinctions, in doubtful cases we can readily discover the animalcule by raising with a fine needle the little elevated spot of the epidermis at the end of the burrow. The moment the Acarus is touched, it clings to the object which touches it, and may be removed. It appears to the naked eye as a white, pearl-like spot.

Treatment.—Sulphur is a specific for Scabies: it cures by killing the parasite. The patient should be well washed, and if possible rubbed with a flesh-brush. In the Hospital St. Louis, in Paris, soft soap is used for half an hour, and then the part is rubbed with the sulpho-alkaline ointment of Helmerick* for the same

* Lard ʒviij., Sulphur ʒij., Carbonate of Potash ʒj.

space of time. The patient is next placed in an alkaline bath, and the clothes are fumigated with sulphur. The sulphur ointment of the Pharmacopœia is likewise an excellent remedy. An alkaline application in the first place removes the epidermis. Other sulphur ointments have been used, as that of Jasser.*

Essence of Lemon or of Bergamot dissipates the smell of the sulphur. Bisulphuret of mercury conceals its colour.

Devergie says that, when sulphur is objectionable a daily bath containing two or three drachms of bichloride of mercury will effect a cure.

Baths of iodide of potassium have also been used. Bazin advises an ointment of powdered camomile-flowers, lard, and olive oil, in equal parts. It is well always to administer a little sulphur internally. It is exhaled by the skin as sulphuretted hydrogen, and will consequently blacken any silver that may happen to be on the person, or even in the pockets, of the individual taking it. Sulphuric acid, taken internally, is said to cure the disease.

* Unguentum ad Scabiem of Jesser: Equal parts Sulphur, Sulphate of Zinc, and laurel-berries, beaten well together and made into a liniment with linseed oil.

Other Remedies which have been resorted to are:— Immersing the hands in a strong alcoholic extract of Stavesacre (Bourgion). An ointment of ammonia-chloride of Mercury and Potash, Sulphuric Acid (ʒj. to ℥j. of lard), Tobacco, Belladonna, Chloride of Lime (ʒj. to ℥vj.), Sulphuret of Lime, Hydrochlorate of Ammonia, Conium, have been mentioned by many authors. Acid Sulphuric dil. ʒj., Adipis ℥j., ft. Ung.; also internally, by Thomson. Actea Racemosa (a strong decoction). Adeps (Bennett, Bazin, and others). Anthemis has been much used in France (equal parts of French camomile, olive oil, and lard). Calx Chlorata (Derheims used a strong solution,—ʒj. ad Aq. O. j.). Liquor Calcis (lime ℥xij., water O. vj.), is the French popular remedy. Calcis Sulphuret. ʒj., Camphor. gr. xv., Adip. ℥j.; and also as a bath. Carbolic Acid, as an ointment. Liq. Chlori, as a weak solution. Corfe used Chloroform (ʒij. to ʒiv. in O. j. Aq.). Cocculus Indicus, as an ointment, by many authors. Creosote, as an ointment. Loyd used a solution of Sulphate of Copper (℥j. to O. j.). Bourguignon directs 300 parts of finely-powdered Staphisagria to be stirred into 500 of boiling lard, and the temperature to be kept to 212° Fahr. for twenty-four hours, and then strained. A little essence is

subsequently added. A solution of Hydrarg. Corrosivum Sublimatum (gr. xx.—gr. xxx. ad Aq. O. j.) is used by many. Iodine, internally and externally, by Kennedy. Infusion of Tobacco has been used as a local application by many. Dr. Luz gives two cases cured with Olive Oil. Potassa Sulphurata has been used by many. Alibert and Dupuytren recommend it as follows: In one bottle is a solution of Sulphuret (ʒj. ad O. ij.); in a second is dilute Sulphuric Acid (ʒij.). Night and morning a glassful of each is placed in a basinful of hot water, and the part washed for half an hour (Waring). The liniment of Jadelot is ℞. Potass. Sulphuret. ʒij., Sapon. alb. ℔j., Ol. Papar. ℔ij., Ol. Thymi ʒj., M. ft. unguent., bis die applicand. Valentin's liniment is ℞. Potass. Sulphuret. ʒj., Ol. Amygd. ʒj., Camphor ℈j., M. Cazenave recommends the following lotion: ℞. Potass. Iod. Sulp. Iodid. āā ʒj., Aq. dest. ʒiv., M. ft. lotio. Schedel uses Ung. ʒss. to ʒj. of lard. Dr. Ogier Ward uses a solution of Iodide of Potassium (ʒj. ad Aq. ʒviij. —ʒxvj.). Rumex Aquaticus (Ranking's Half-yearly Abs., vol. ix. p. 265). The decoction and ointment of Veratrum Album is used in France and Germany. The ointment is as follows: powdered root ʒij., lard ʒviij., oil of lemons ♏ xx.

CHAPTER XXV.

*ELEPHANTIASIS OF THE GREEKS.**

ELEPHANTIASIS of the Greeks is the true leprosy of the Jews. Fortunately it is an extremely rare disease in this country; occasionally it is imported from Egypt or Palestine, where it is not uncommon. There are two varieties of the disease—tuberculous, and anæsthetic.

Tuberculous Elephantiasis is characterized, after premonitory symptoms of a febrile character, by an eruption of yellow, crimson, or deep-brown spots. At these spots there is partial loss of sensibility. They quickly fade away, leaving not the slightest trace behind them; soon, however, to reappear on different places, being now of a much darker colour. This change sometimes takes place several times before the spots become permanent. The eruption appears first

* Tsarath, or leprosy of the Jews; Leontiasis, Satyriasis, Lepra and Elephantiasis (Greeks); Black, Red, and Tuberculous Lepra (Norwegian); Murd-jeddem (Hindustani); Elephantenaussatz (German).

on the face, next on the back of the hand, and lastly on the body generally. The spots are now of two sizes; the smaller ones become smooth, shining tubercles, and rapidly enlarge; the larger spots generally retain their colour, and do not undergo much further change.

The skin and subcutaneous cellular tissue next become infiltrated; the mucous membrane is now involved, and a troublesome cough adds to the patient's misery. The hair becomes white, and much of it falls out. The tubercles soften, and discharge their contents through their ulcerated apices. The eyes too become destroyed, deafness ensues, and at last the unfortunate patient, who often retains hope, and even good spirits, dies, worn out by copious diarrhœa.

Sexual appetite seems to be increased, at least during the early stages; and women, subjects of the disease, have borne children whose fathers were also lepers.

The affection is generally spread over some years.

The Anæsthetic variety is known by an eruption of large bullæ or livid elevations. These burst or ulcerate, and large ulcers remain. Crusts are formed on these, which usually occur on the hands and arms, feet and legs, before they appear elsewhere. These often heal,

but fresh ones form. White patches next appear, accompanied with increase of sensibility and itching; the sensibility, however, is soon diminished. Occasionally these spots or patches do not exist: their presence constitutes the form known as the Morphia alba, or white leprosy of the ancients. Hyperæsthesia then follows, with periodic shiverings. This stage lasts for a variable time, often for years, but is ultimately succeeded by Anæsthesia, which finally becomes complete over the entire body. The skin becomes dry, pale, and hard; the conjunctiva becomes congested, the lids atrophy, the lashes fall out, and the muscles of the face become paralyzed. A remarkable bluish spot frequently forms on the sole of the foot, softens, sloughs, and a deep ulcer is left. This ulcer seldom heals; but, if it shows signs of doing so, the patient's end is near: he complains of pain in his head, and soon after dies. A series of other symptoms, however, generally lend their aid in carrying the patient off. Fingers, toes, and even the feet and hands mortify and fall off. Portions of dead bone are constantly discharged through sinuses, the discharges from which rapidly reduce the patient's strength. Vomiting, pyrosis, thirst, tonic spasms, torpor and drowsiness, generally precede death.

This variety is undoubtedly contagious.

Pathology and Causes.—The disease consists of a fibro-albuminous exudation under the skin and mucous membrane in the tuberculous, and into the nerves and nerve centres in the anæsthetic variety. There is also infiltration into the liver, kidneys, spleen, and other organs. Boeck says it is caused by entire dyscrasy of the blood. The urine is always albuminous.

The exudation which produces disorganization of every structure into which it is poured, remains fluid in the second variety of the disease; it becomes solid, or semi-solid, in the first variety. In Anæsthetic Elephantiasis it is found in the spine.

Treatment.—The Asclepias Gigantea is strongly recommended by Robinson. Quinine, iron, mercury, iodine, arsenic, cod-liver oil, bromine, bleeding, baths of various kinds, have all failed; but any one of these, in conjunction with good nutritious diet and wine, ought to be tried. Biett used cauterization with good effect in one case.

The other remedies which have been recommended are:—Arsenic, by many authors. M. Benet's formula is as follows: 105 grs. of Arsenious acid are triturated with five or six times the quantity of black pepper. This is

made into a mass, and a pill the size of a "tare" is taken night and morning. This is the famous "Tanjore pill" (Waring). Calotropis Gigantea, which is a popular Indian remedy, is recommended by Playfair and Robinson. Hydrocotyle Asiatica, by Boileau, Lepine, and Hunter. Stuart, of the Leper Hospital at Calcutta, relates four cases much benefited by Iodine. Phosphorus, internally and externally, by Burgess. Potassii Iodidum, as an ointment ℈j. ad Ung. ℥j. (Schedel). Ferri Arsen. gr. iij., Pulv. Altheæ vel. glycyr. ʒ ss., Syrup. Aurant. q. s., to make forty-eight pills, one daily (Biett's formula).

CHAPTER XXVI.

FRAMBŒSIA.—THE MORPHIA.—ALEPPO EVIL, &c. &c.

FRAMBŒSIA.

FRAMBŒSIA or Yaws is seldom seen in this country. It commences with febrile symptoms, followed by an eruption of flat papules. These, which are at times half an inch in diameter, appear on the face, arms, groins, and axillæ. It soon becomes pustular, and then a crust forms concealing a sloughing ulcer. There is frequently also ulceration of the tonsils. Emaciation, debility, and dropsy appear before death releases the patient.

The disease is said to be contagious.

Treatment.—It is to be treated by astringent and stimulating lotions, together with tonics internally. Mr. Mason recommends the tubercles to be touched with Nitrate of Silver. A case is recorded where this treatment for some months effected a cure.

Arsenic, too, has been found most useful by Waring. Ung. Hydrar. Nit. should be used at the same time, as a local application. Iodide of Potassium, Corrosive Sublimate ($\frac{1}{10}$ to $\frac{1}{8}$ gr.), Red Precipitate Ointment, and a poultice of the scraped root of Manihot Utilissima, have likewise been recommended by different authors.

The Morphie of Brazil is but a variety of Elephantiasis. This may also be said of the Aleppo Evil (Bouton d'Alep), and Ngerengere of New Zealand, the Cacubax of Jamaica, and the Pellagra Mal de la Rosa, Mal de Sole, or Elephantiasis Italica.

This last-mentioned disease affects the poor of the south of France, Spain, and Italy. The eruption, which appears on the parts most exposed to the heat of the sun, disappears in winter, but returns in spring. It is characterized by an erythematous change of the skin, soon followed by general debility and diarrhœa. In cases which terminate fatally, headache, cramp, and progressive paralysis precede the death of the patient.

The treatment of this variety consists in the administration of tonics and nourishment in every form.

CHAPTER XXVII.

*ELEPHANTIASIS ARABUM.**

ELEPHANTIASIS ARABUM is characterized by a hypertrophy of both the skin and the sub-cutaneous cellular tissue. It is most frequently seen in the leg, but may occur in the arm, scrotum, mammæ, or on almost any portion of the body. It is not usually preceded by many constitutional symptoms. A dull pain is first noticed in the part about to be affected, often described and thought to be rheumatic. The lymphatics about the part are then found to be painful and enlarged, and soon may be traced from the place, forming as it were a succession of hard knots. The veins are frequently gorged with blood. Feverish symptoms are now set up, and the patient finds the affected part stiff, heavy, hot, red, swollen, and frequently the subject of darting pains. These symptoms usually

* Other names—Pachydermia (Fuchs and A. T. Thomson); Bucnemia Tropica (Mason Good); Chronic Angeioleucitis, Barbadoes leg, Elephant leg, Hypersarcosis, Spargosis.

subsiding for a time, there is a lull, during which, however, the parts seldom return to the normal condition. After the lapse of a short time the same symptoms recur, and again subside, leaving the part in a more uneasy condition, and slightly more swollen, than before. Thus gradually, but surely, is developed the condition so characteristic of the disease.

The affected portion generally becomes enormously swollen. In the case of a boy whose leg I amputated in Jervis-street Hospital for Elephantiasis Arabum, the ankle measured 17½ inches round the instep. In some places the affected part pits on pressure; in others it is quite hard. The skin is much thickened, dark, and full of vessels which are much distended. Many of the lymphatics suppurate or slough out; scales, superficial ulcers, fissures, and deep furrows, mark the surface of the skin. The disease advances slowly from the part on which it first appears.

Pathology and Causes.—In this disease there is hypertrophy of the skin and subcutaneous cellular tissue. Sometimes there is an excess of fat, but more generally there is a quantity of condensed areolar or fibrous tissue. Fluid often infiltrates all the tissues. The disease is caused by chronic inflammation of the lymphatics, as

pointed out by Dr. Stapleton. Constant exposure to damp is the most frequent cause: scrofulous subjects are its only victims. Many patients who suffer from it die from amyloid degeneration of the liver and other organs. It is, comparatively speaking, a common affection in Ireland, and might appropriately be called Chronic Angeioleucitis.

Prognosis.—Unless the disease be seen in the earlier stages, it is not curable. It seldom destroys life.

Treatment.—Compression, derivatives in the shape of purgatives, mercurial frictions, and free incisions, constitute the conservative treatment.

The principal vessel of the limb was first ligatured by Carnochan, of New York, and this practice has been frequently adopted since, but will not, in my opinion, cure the affection if far advanced. Dr. Butcher, however, has published a case said to be cured by this means. Amputation is, in general, the only method of freeing the patient from a disease which is calculated to render the life of the sufferer so miserable.

The other Remedies which have been recommended are:—Ferri Arsen. gr. iij., Pulv. Altheæ vel Glycyr. ʒss., Syrup. Aurant. q. s. Mix and divide into 48 pills, one daily (Biett). F. Day used Hydrarg. Iodidum Rubrum, an ointment (gr. j. ad Ung. ʒv.).

CHAPTER XXVIII.

*ICHTHYOSIS.**

ICHTHYOSIS is a disease characterized by a hypertrophied condition of the epidermis, which is converted into hard, discoloured, or horny scales, the skin consequently presenting a rough and dry appearance. The disease is unaccompanied by any constitutional symptoms, nor does it cause either pain or itching. Occasionally the entire body is affected, and sometimes only small portions. About the knees and other joints it is most common, the face, hands, and feet being the parts most free from it. Males are far more frequently attacked than females, the proportion being, according to Biett, one in twenty. It is worse in cold weather, and improves during the hot season. The disease is probably incurable, but may be much relieved.

* Other names—Fishskin (popular), Ichthyiasis (Mason Good); Acné sebacée corné (Hardy); Seborrhœa sicca (Hebra); Ichthyose (French); Fischuppenkrankheit, Fischschuppenaussatz (German).

There are two principal varieties. Ichthyosis simplex, nitida, or Xeroderma, is popularly named Fish-skin, from the resemblance that the scales bear to those of a fish. If it be a more aggravated form, with the epidermis converted into thick, dry, horny, adherent scales, it constitutes the second variety, and is termed Ichthyosis cornea. Other varieties have been mentioned, as I. serpentaria, when the skin resembles a serpent's back; I. scutellata, &c.; but the two above mentioned include all varieties of true Ichthyosis.

Pathology and Causes.—There are many theories as to the nature of this disease. Wilson believes it to be composed of concretions of altered sebaceous substance. Cazenave looks on it as a disease of the epidermic secretion. Good thinks there is an increased excretion of chalky salts. Hebra places it among the scaly diseases, and says that the orifices of the hair-follicles are closed; but Martin found them larger than the natural condition. Willan and Bateman say that the papillæ of the cutis are enlarged.

I am of opinion that the disease is due to an increased development of the epidermis. I think this is proved to a certainty by G. Simon's dissections. Gluge found

the epidermic cells by aid of the microscope. The sudoriparous and sebiparous glands often become obstructed. There is always a deficiency of subcutaneous fat, probably due to the absorption of it, owing to the pressure of the diseased structure. Patients are otherwise generally healthy; it is usually a congenital affection, and appears soon after birth.

Prognosis.—It is never cured, but treatment often improves the appearance of the affected part.

Treatment.—The treatment consists in alkaline baths, gentle friction, and the application of glycerine. Arsenic has been used internally, but I believe cod-liver oil and the syrup of iodide of Iron will be found the best medicines. When the patient is young, much good might be derived from hot-water and vapour baths. I once met a person affected with it, who informed me that after three or four hot baths he found that the skin became very much softer, and was so greatly improved that one would scarcely notice the disease. Dr. Thomson has derived much advantage from a decoction of the Rumex Acutus and Rumex Obtusifolius. Blistering has been proposed.

The other Remedies which have been recommended are:—Ol. Morrhuæ (Banks). Pix Nigra, in doses of

gr. x. to ʒj. (Bateman). Rumex Obtusifolius, as a decoction, ℥j. of root, O. j. of water (Thomson). Ulmus Campestris, by Lettsom. Tinct. Sem. Crotonis ʒj., Spirit. Rosemar. ℥j., Aq. Ros. ℥iij. (Wilson). Cupri Sulphur. ϑj., Ung. Sambuci ℥j. M. To be used twice or thrice a day (Waring). Zinci Sulphas has been advised by many authors. Ung. Zinci ʒj. ad Cerati ℥j. (Wilson). Sodæ Bicarb. gr. viij. to gr. xv. to ℥j. of lard (Devergie). Dr. Elliotson relates a case cured by olive oil.

CHAPTER XXIX.

*TINEA TONSURANS.**

TINEA TONSURANS occurs in circular patches, varying in size from that of a fourpenny to that of a crown piece. It commences with an eruption of small yellow spots, which some authors describe as vesicular, arranged in annular form. These soon form thin scabs or crusts. All the hair of the affected part is at first bent and then broken, and looks as if it had been clipped off quite close to the head. The part (about a line or two) which remains is thick, opaque, and usually twisted.

The surface of the skin is covered with numerous opaque scales.

* Ringworm of the Scalp (popular); Porrigo scutulata (Willan, Bateman, and A. T. Thomson); Achores, sue Scabies capitis (Plenck); Tinea granulata (Alison); Ecpyesis porrigo (Mason Good); Teigne annulaire (Biett); Herpes or Tinea capitis (Neligan); Herpes tondens (Cazenave); Herpes tonsurans, Herpes squamosus, Trichosis furfuracea or tonsurans (Wilson); Tête teigneuse (French); Haarschuppen, Grind (German); Tinea capitis of many authors.

The patches are slightly elevated, accompanied with heat and redness.

Pathology and Cause.—The disease is due to a vegetable parasite, named by Malsten the *Trychophyton tonsurans;* first found by Gruby, and placed under the name of *Microsporon Auduoni.*

Under the microscope are seen scales of epithelium mixed with sporules and mycelium of the *Trichophyton tonsurans.* The hairs of the affected part are much increased in thickness, and much altered.

I consider accumulation of secretion and dirt, together with particles of decomposing animal matter, to be the principal predisposing cause. It is almost always confined to young children. The plant probably requires delicate skin for its growth.

Many writers include this affection under the division of Herpes; but that is an error. True Herpes occasionally occurs on the scalp, and then has all the characteristics of that disease, though the vesicles are of very short duration. The two affections may occasionally exist together in the same or different parts of the body. A variety of Tinea tonsurans may occur on the trunk or extremities: it then resembles Herpes. I am, however, convinced they are two distinct diseases.

Diagnosis.—Tinea Tonsurans is easily distinguished from all other affections, when occurring on the scalp, by the peculiar manner in which the hair is cut or broken off, and by its annular shape. On other parts of the body its contagious nature, or a microscopic examination, alone can establish the distinction between it and other affections bearing resemblance to it in shape and appearance.

The disease is contagious, but does not leave even partial baldness.

Prognosis.—It is a curable affection.

Treatment.—Ointments are the best applications, as they more readily reach the hair-follicles. One of bichloride of mercury (4 grs. to ʒj. of lard) or one of carbolic acid and glycerine, will be found to answer. Dr. Graves rubbed in tincture of iodine with a sponge. An ointment containing two drachms of the fruit of the *Cocculus Suberosus* was used by Dr. A. T. Thomson. Acetate of copper, infusion of conium, acetate of lead, creosote, strong sulphuric acid, nitric acid, and a host of other remedies, have had their advocates. The parts should be frequently washed to remove the scales.

Borax and glycerine are the best detergents.

Cod-liver oil and the syrup of the iodide of iron are, I believe, the best internal remedies.

The diet should be nutritious.

The other Remedies which have been recommended are:—Dilute Acetic acid, by Wigan. In the first application the acid is diluted with three times its weight of water. When the spots become red they are thoroughly imbued with the strong acid. Sir W. Blizard used Tartar Emetic (℈j. ad Aq. ℥j.). Solution of Nitrate of Silver (gr. x. to xx. to ℥j.) strongly rubbed into each spot with sponge covered with fine linen tied to the end of a slender stick. Hair to be cut—not shaved. Lotion to be applied not oftener than once a week. The scalp should then be covered with Ung. Cetacei, which is to be renewed four times daily. The day after first application the head is to be washed with yellow soap and water twice a day (Graves). Iodide of Arsenic internally, and Iodide of Lead (Ung.) externally will often cure. Liquor. calcis often proves useful. Calx Chlorata (℥ ss. ad Aq. O. j.) I have found useful. Clayton used an aqueous solution of Carbolic Acid. A weak solution of Chloroform has been recommended. Iodine has been used by many authors. Infusion of tobacco has been recommended by many authors. Potassa Sulphurata (many authors). Potass. Bromidum (Prieger). Liq. Sodæ Chloratæ, as an ointment.

Sulphuris Iodidum as an ointment, gr. x. to xx. ad ʒj. (Alibert, Biett, Rayer). Sulphuric Acid (Jenner). Graves used a solution of Cupri Sulphas (gr. x. ad Aq. ʒj.). Sabina (the infusion), by many authors. Piper Nigrum, as an ointment, ʒiv. to lb. j. of lard. Plumbi Iodidum, as an ointment, ʒj. to the ʒj. of lard (Neligan). Soft soap (most authors). Ung. Scrophularia (Montgomery). Sodæ Bicarb. (Devergie). Ung. Acidi Sulphurici ʒj., and Lard ʒj. Veratrum Album, decoction and ointment (France and Germany).

CHAPTER XXX.

*TINEA SYCOSIS.**

SYCOSIS is a parasitic disease, which affects the beard, moustache, whiskers, and inner surface of the nares. It is characterized by an eruption of pustules, situated on hard tubercular eminences, terminating in yellowish-brown crusts.

Pathology, Causes, and Symptoms.—The disease is caused by a vegetable parasite, called the *Microsporon Mentagrophytes*. It finds a nidus between the roots of the hair and wall of the follicle, producing inflammation in the parts around. Lymph is poured out, and the part becomes swollen and hard. Pustules are then formed, which soon burst, and, together with the epithelium, form a thick yellowish-brown moist scab.

When this is fully formed, and of some extent, it is

* Mentagra (Plenck); Phyma (Mason Good); Mentagre (French); Felgwazen (German); Fyggewel (Dutch); Herpes pustuleuse, Mentagre (Alibert).

said to resemble the pulp of a fig, and hence it is called Sycosis. The centre of each pustule is occupied by a hair. From constant discharge of pus, the hairs become matted together. There is always a good deal of heat and pain in the part. Sometimes bullæ may be seen mixed with the pustules and crusts. Under treatment the parts soon begin to recover; but, if left to itself, the disease assumes a chronic form. It does not prevent the hair from again growing. A dark or livid colour often remains for some time after the patient is well.

The cryptogamic plant which causes this disease was first described by M. Gruby in 1842. He did not find the plant on the surface, but the entire root of the hair was surrounded by the *Microsporon Mentagrophytes.*

The disease is contagious, the mycelia of the plant being the means by which it is conveyed from one person to another.

Prognosis.—The disease is curable, but sometimes very chronic.

Diagnosis.—The history must distinguish it from syphilitic diseases. The pustules of Ecthyma are larger and more inflamed, and the crust more adherent.

It may be diagnosed from Impetigo by the swelling and induration.

In Acne the induration is greater, the suppuration less, and the scabs thinner. In doubtful cases a microscopic examination shows an absence of the parasitic plant.

Its position assists us much in diagnosing this disease.

Treatment.—The crusts should be first removed by poulticing or steaming, and then an ointment applied, consisting of corrosive sublimate and lard (1 gr. to ʒj.)

The internal remedies consist of tonics and antacids.

Epilation is sometimes necessary, and good diet is generally required.

Iodide of sulphur gr. xx. to ʒj. lard, is said to be an excellent application.

The other Remedies which have been recommended are: — Arsenic, by many authors. Dr. Wright's formula is ℞. Infus. Gentian. ʒviij. Liq. Arsen., Liq. Potassæ āā ʒj. M. st. coch. amp. ij., ter in die. Liq. Arsenici et Hydrarg. Iodid., by Wilson. Iodine (many authors). Oleum Morrhuæ (Graves). Waring mentions the following as being most useful: ℞. Potassii Iodid. gr. iv., Decoct. Sarzæ ʒij. Rayer advised the following: ℞. Hydrarg. Corrosiv. Sublimat. gr. v., Spiritus Rosmarini, Spiritus Vini Rect. aa ʒj., Mist. Amygd. Amar. ʒiv. M. Fiat lotio. Hydrarg. Iodum Viride (Rayer).

Ung. Hydrargyri Nitratis, by many authors. Duparc paints the pustules night and morning with a concentrated solution of Potassa Sulphurata. Sodæ Bicarb. is often used as a depilatory in the proportion of 1 of soda and 10 of starch as a powder (Waring). Wilson uses Iodide of Sulphur (gr. x. to xx.) as an ointment with lard (℥j.). He also used Oxide of Zinc ointment. Jenner advises Sulphurous Acid. Graves recommends that issues should be opened before the disease is cured, if it be of long standing. Leeches about the neighbourhood are frequently of much service.

CHAPTER XXXI.

*TINEA FAVOSA, OR PORRIGO.**

TINEA FAVOSA, or Porrigo, as it is called by many authors, is by far the most important disease affecting the scalp. There is great confusion amongst authors about the latter name; Celsus and Willan both use it as a sort of general term for all affections of the head. For this reason I think it is better to use the term Tinea favosa. It is characterized by an eruption which, commencing in different ways, terminates in yellow, cup-shaped crusts, surrounded by slight inflammation. The part primarily attacked is the hair-follicle, and a hair may be seen passing through the centre of each crust. When the

* Other names—Scald-head (popular); Herpes tonsurans, Κηριον (Greek); Favus (Latin); Scabies capitis favosa (Plenck); Ecpyesis porrigo (Good); Phlysis porrigo (Young); Gourme (French); Kleien, Kleiengrind, Erbgrind, Hornigwabbengrind (German); Hoafdchilfers (Dutch); Aspe (Danish); Kliskorf (Swedish); Carpa (Spanish); Ferefore (Italian).

Tinea is the name given to all the vegetable parasitic diseases of the skin occurring on the head.

disease extends, scabs coalesce, and uniting, form one large, thick crust, which may cover not only the head but even the entire face. There is a constant oozing of pus-like fluid, which concretes, and thickens the mass often to a surprising extent.

If the crust be removed, a depression is found existing under it as if the crusts were buried in the skin; the part is redder than natural, and discharges an acrid fluid, which inflames the part over which it flows and thus spreads the disease. The affected part has a disagreeable mousy odour. It is often complicated with Impetigo.

Tinea favosa is most common on the head, and generally commences near the forehead. It may occur, however, on any part of the body; and then the crusts are more adherent, and become occasionally of immense thickness.

The lymphatics of the neighbourhood are often enlarged, and occasionally suppurate.

The disease always renders the hair much thinner, and sometimes causes it to fall out. Occasionally it produces baldness. More usually, however, the hair grows when the affection is well, but it is much coarser and rougher than before. It may affect persons of

any age, but is much more common in children. It is most prevalent in hot weather.

Prognosis.—Tinea favosa is curable, but is often a very chronic affection. It may produce baldness, if left to itself.

Pathology and Causes.—The crusts are composed of mycelium and sporules of the *Achorion Schönleinii*, which are oval and much larger than the *Trichophyton.*

I believe the disease to be contagious, but it requires a favourable ground for the mycelium and sporules to take root; this in general being an accumulation of secretion at the mouth of the follicles. Such accumulation most frequently happens in the case of children whose heads have been neglected for months. The plant grows outwards, and destroys the hair.

Treatment.—All the crusts should be first removed, either by a poultice, or by steaming, and the part having been washed with an alkaline lotion (ʒj. of carbonate of potash to a pint of distilled water), a piece of lint soaked in dilute sulphuric acid should be applied. Bichloride of mercury dissolved in water or mixed with lard, in proportion of 4 grs. to ʒj., will likewise effect a cure.

Carbolic acid and glycerine I have frequently used,

and it will be found a most effective remedy in many cases. Epilation is sometimes necessary to prevent baldness.

The best internal remedies consist of syrup of the iodide of iron; cod-liver oil, and iodide of Arsenic. The last should be given in doses of $\frac{1}{20}$ to $\frac{1}{12}$ of a grain in pill, either alone or with $\frac{1}{8}$ to $\frac{1}{2}$ of a grain of extract of conium, according to age of the patient.

Dr. A. F. Thomson recommends chloride of Barium in decoction of Cinchona or Sarsaparilla internally, and if the disease be very chronic, the opening of an issue in the arm. Hebra applies alcohol.

Ointment of the iodide of lead and lard ʒj. to ʒj., oxide, or sulphate of zinc, nitrate of mercury and acetate of lead, have likewise been recommended. The following often cures where other remedies fail:— Calomel ʒj., liquid ointment of pitch ʒss., and lard ʒj. Biett strongly recommended iodide of sulphur gr. xvj., cetaceous ointment ʒj. Cod-liver oil, with an oiled silk cap over it, was prescribed by Dr. H. Bennett. The pitch plaster, as a local application, recommended and used even to the present day, is only mentioned to be condemned.

The other Remedies which have been recommended

are:—Iodine (many authors). Pix Liquida, as an ointment. Liq. Ammoniæ Acet. by A. T. Thomson. Argenti Nitras. (Pareira). Chloroform, in a weak solution. Ung. Hydrar. Ammon. (many authors). Calomelas, as an ointment, ʒj. to ℥j. of lard. Hydr. Corrosiv. Subl. gr. v., Sp. Vini Rect. āā ℥j., Mist. Amygd. Amar. ℥vj. M. Ung. Hydrar. Nitratis (many authors). Infus. Tabaci (many authors). Nitric Acid, as much as will render an ounce of olive oil pungent, but not acid. Pix Nigra, as an ointment. Plumbi Iodidum, as an ointment, by Neligan (ʒj. ad Adipis ℥j.). Zinci Oxidum (gr. 15 to 40 and 30 grs. of lard). Potass. Carb., as an ointment and bath, by Schedel. Sodæ Bicarb., as an ointment, ʒ ss.—ʒj., ad ℥j. of lard, with a grain or two of quicklime. Sodæ Hyposulphis, by Cazenave, Chaussier, Biett, and Quesneville. Sulphurous Acid, by Jenner. Crusts to be removed, and piece of lint, wet with sulphurous acid lotion, covered with oiled silk. Ung. Scrophularia, fresh leaves lb. ij., lard lb. ij., suet lb. j., by Montgomery.

CHAPTER XXXII.

*TINEA DECALVANS.**

TINEA DECALVANS was called Porrigo decalvans by Willan, Bateman, and others. It is considered under the head of Alopecia in many works on cutaneous diseases.

It is characterized by the occurrence of bald patches on the head, presenting a smooth, polished, shining appearance, and devoid of redness, heat, or any unnatural appearance of the skin. It is believed to commence as a spot, which gradually spreads, generally in a circular form, but sometimes irregularly. Patients, however, generally first notice that a circumscribed portion on the head is quite bald, and the hair immediately surrounding the part is so loose that it can be readily removed by the fingers.

* Porrigo decalvans (Willan); Alopecia circumscripta (A. T. Thomson); Alopecia areata (Wilson); Area (Celsus).

There may be but one such patch, but more frequently two or more will be found.

It is not an uncommon disease, and is most common with females. It affects persons of all ages, children as well as adults, and is frequently found on persons from 35 to 40 years of age.

Pathology and Causes.—There are three explanations of the disease. The first is that it is produced by a vegetable parasite, which is found on the surface of the scalp. This Günsberg calls *Trichoma phyton;* but others say it is the *Microsporon Auduoni.* Gruby named the disease *Trichoma phyton.*

The second explanation is, that it is simply due to atrophy of the hair-roots from want of nutriment. The third is that of Wilson, that, commencing as a nervous affection, the disease is in fact "a neurosis."

Prognosis.—The disease is curable, and the hair will in most cases be reproduced.

Diagnosis.—It is easily discriminated by its complete circumscribed baldness; the short hair of Tinea tonsurans marking that disease.

Treatment.—Iron and cod-liver oil should be freely used internally. Locally, an ointment made with balsam

of Peru, oil of rosemary, or tincture of cantharides, will cure the disease.

The other Remedies which have been recommended are:—Tannic Acid (Cazenave), the parts being daily washed with an alkaline solution. Ol. Terebinthinæ, by A. T. Thomson, a liniment composed of one part of spirits of turpentine and two of alcohol. Sulphuric Acid, by Jenner.

CHAPTER XXXIII.

ALOPECIA CALVA. PLICA POLONICA.

ALOPECIA CALVA.

ALOPECIA, or total baldness, may be considered of two kinds: Alopecia prematura, and Alopecia senilis.

Alopecia prematura may occur gradually or suddenly. In the former case it is caused by insufficient nutrition; and, if a hair be examined, the root will be found atrophied. This may be due to general debility from fever, syphilis, or some such cause. It has been likewise attributed by some to diseased blood; deficiency of fat has also been named as a cause. When Alopecia occurs suddenly, it is always due to some severe nervous shock or great mental emotion, especially fright, terror, and grief.

In Alopecia prematura the growth of the hair frequently returns, unless, as sometimes happens in erysipelas, the hair-bulbs are destroyed. If, however, the

nutrition has not been improved in that variety in which it is deficient, the hair is weak, and soon again falls.

Sometimes complete baldness is congenital.

In the second variety, Alopecia senilis, the hair-follicles gradually atrophy, and ultimately become obliterated.

Prognosis.—Alopecia senilis, and congenital baldness are incurable; but in cases of Alopecia prematura the hair may be restored.

Treatment.—The treatment of Alopecia prematura consists in first improving the state of the blood; and, if the patient be scrofulous or syphilitic, cod-liver oil and syrup of the iodide of iron will be the most useful internal treatment. The hair should next be cut close, and a stimulating ointment used: one composed of balsam of Peru (ʒij.), lard (℥ij.), white wax (gr. cxx.), rosemary (30 ♏), is what I have never found to fail. In very severe cases the head should be shaved, and a poultice with a little mustard kept on at night, while a wig is worn in the daytime.

Turpentine, cantharides, rectified spirits, rum, &c., have also been successfully used.

The other Remedies which have been recommended are:—Ammon. Acet., Ammon. Sesquicarb. āā ʒij.,

Alcohol ʒss., Aq. ʒiv., M. ft. lotio, nocte maneque applicand. ℞. Liq. Ammoniæ, Ol. Amygd. āā ʒj., Sp. Rosemarini, Aq. Mellis āā ʒiij., fiat lotio (Wilson). ℞. Adipis ʒij., Ceræ Alb. ʒss., melt before a slow fire, and add Balsam. Peruvianum ʒij., Ol. Lavand. ♏ xij.; stir till cold (Copland). ℞. Sp. Ammon. co. ʒj., Glycerine ʒss., Tinct. Cantharidis ʒj. to ʒij., Aq. Rosmar. ʒviij. M. Nitric acid, added to a certain amount of olive oil, so as to render this latter pungent, but not acrid. Ol. Origani, by many authors. Ol. Rosmarini, freely diluted with olive or trotter oil, is most efficacious. Alibert and Biett used Sulphuris Iodidum as an ointment, gr. x. to xx. to ʒj.

PLICA POLONICA.

PLICA POLONICA is a disease in which the scalp becomes very vascular, bleeding on the slightest touch. The hair is constantly matted together by a sticky secretion. It is also much increased in thickness, and altered in structure. The disease is not seen in this country, and little is known of its pathology. It is sometimes epidemic in Russia and Poland.

Lycopodium used internally and externally is considered as a specific.

CHAPTER XXXIV.

*LUPUS.**

LUPUS is one of the most chronic and most obstinate of skin diseases. It usually commences with an eruption of tubercles or papules, sometimes single, and sometimes in small clusters. These, which are of a dark red or yellow colour, and very indolent in character, usually terminate in ulcers, which become covered with dry adherent scales. From this, ulceration spreads often over a considerable surface. The face is its most usual situation.

The disease is generally described as of two kinds: one which attacks the superficial structure is named Lupus superficialis, or non-exedens; the other affects the deeper parts, and is called Lupus exedens, or

* Other names—The Wolf (popular); Herpes exedens et non-exedens, Dartre Rongeante, Esthiomène (French); Fressende Flechte (German).

devoratus. Cazenave, however, described a third variety, which is not attended by either tubercles or ulceration: this he calls Lupus erythematosus.

The nose or cheek is the part usually affected by Lupus superficialis, or non-exedens. It appears sometimes as a single elevation, and at other times it consists of a number of tubercles of a yellow or red colour. These often remain for months without changing; then, by interstitial absorption, they become flattened, and ultimately disappear, leaving a scar or pit. This variety has been named tubercular Lupus superficialis, and is the mildest variety of the disease.

In the more usual form the small livid red spots, which are closely set, and with defined edges, soon become covered with brown crusts which conceal superficial ulcers. The ulceration spreads gradually at one margin, while it heals at the other, leaving its track marked by a pale shining cicatrix; this is known as the erythematous variety of Lupus superficialis. At other times the red spots are numerous, not circumscribed, soft, and closely set. Interstitial absorption of the layer of the derma rapidly takes place, and at the end of some months pus escapes from the ulcerated summit. Other tubercles form around these, and run

the same course, and thus spreads a disease known as Lupus serpiginosus by many authors. When the nose is attacked it often swells, and when the disease subsides it is found to be smaller than the natural size from interstitial absorption. In this case it often commences on the mucous membrane. All these varieties may heal spontaneously, leaving a smooth, shining, thin scar.

Lupus exedens, or devoratus, is by far the more serious variety of the disease, besides being much more rapid in its course. It usually appears as a small tubercle or papule, varying in size from that of a grain of duck-shot to that of a hazel nut; if it exceeds this size the disease is known as Lupus hypertrophicus. At first slow of growth, and apparently indolent, it suddenly, after a period of some months, enlarges, becomes red, and ulcerates. Matter has ere this formed, and escapes as the centre ulcerates. It is now found that the skin is undermined in every direction. The ulceration spreads rapidly, usually in but one direction; skin, areolar tissue, muscles, tendons, and even cartilages are involved in the general destruction; the bone also often becomes diseased. Nature frequently makes an attempt to arrest the disease, and while it is spreading in one direction, cicatrices are formed in the other. Not

unfrequently, however, the disease returns, and fresh tubercles form in the recently-healed structure, which rapidly ulcerates, and the part becomes irrecoverably destroyed. Thus it is that we at times see the nose and entire cheek "eaten away," and occasionally the eye and mouth are also involved in the destructive process. Sometimes, indeed, the mucous membrane of the mouth or nose is the first attacked.

Not the least surprising feature of the disease is how little it affects the general health of a patient on whom it has made such frightful ravages; yet sometimes, when Lupus has been very rapid, and destroyed a large portion of the surface, and when the ulceration has been deep and destructive, chronic gastro-enteritis, with low typhoid or hectic symptoms, sets in, and the patient sinks, worn out by sleeplessness, colliquative diarrhœa, and depression of spirits. In other cases, however nature, assisted by art, arrests the disease, and the part is cicatrized, leaving a dark red mark, which fades in the course of years. In such cases, however, if the cicatrix be large, much deformity may be produced by its contraction. An attack of erysipelas often precedes the recovery, and whenever, during its course, such an attack occurs, the disease is temporarily

arrested. In Lupus devoratus the tubercles occasionally become flattened, and do not ulcerate.

There is generally very little pain attending the disease, but itching often accompanies the ulceration stage. The most usual seats of Lupus are first the nose and then the cheek.

In the third variety, that described by Cazenave, the skin, over a limited portion, becomes thick and red, and soon becomes covered with small crusts or scabs. After some time the active symptoms cease, and the skin is left thin and shiny. He also mentions a variety in which fungous-looking tumours exist.

The peculiar ulcer known as Jacob's ulcer has been described by Rayer, Neligan, and others as Lupus, but I consider it, as described by Dr. Jacob, malignant. It has recently been described by Hutchison as specific under the name of "rodent ulcer."

Pathology and Causes.—Lupus is considered to be an affection of the derma. I believe it to be a disease of defective nutrition, the blood being wanting in some materials necessary for the nutrition and repair of the derma and epidermis, that which is supplied being incapable of organization. For a time the part bears with this foreign matter, which occupies the place of an

organized structure; waste goes on, but there is no repair; sooner or latter inflammation is set up, and the part ulcerates. The parts in the neighbourhood, already suffering from defective nutrition, cannot resist the progress of this disease; and thus quickly is established a most destructive ulceration. An attack of Erysipelas arrests the disease, as the congested vessels and increased circulation supply the part with sufficient nourishment to stay its progress; but too often the ulceration returns with the subsidence of the inflammation.

Hence it follows that the cause is essentially the state of the blood—deficiency of something at present unknown.

In fatal cases there appears to be a new formation of connective tissue into the substance of the corium, accompanied by a vascular and transparent blastema. It is by some considered scrofulous; by others, syphilitic, modified by passing through many generations. It may be remarked that all patients whom I have seen suffering from Lupus have been singularly devoid of muscular development and strength. The biceps and other muscles were always found flabby.

Diagnosis.—The absence of lancinating pains and the tendency to cicatrize at parts, mark it from cancer. Acne often accompanies it, but pure Lupus is not a pustular disease. The history and copper colour mark syphilitic eruptions. It is not liable to be mistaken for any other affection.

Prognosis.—All forms of Lupus in their earlier stages are curable; in their later stages the ulceration may be arrested.

Treatment.—Our first attention must be given to improving the patients' general health. Very often they sleep little and badly; in this case opium must be freely administered. It were best administered by subcutaneous injections of morphia. Quinine, or citrate of iron and quinine, should be at first used in conjunction with good air and nutritious diet, consisting of arrowroot with milk twice a day, strong beef-tea; plainly cooked, and if the digestion will bear it, underdone animal food, together with a liberal allowance of well-cooked vegetables, porter or ale, and a bottle of good claret each day. An occasional dose of rhubarb and some mercurial preparation will be required. Dr. Thomson recommends alternations of biniodide of mercury, in doses of $\frac{1}{12}$, $\frac{1}{6}$, or even $\frac{1}{4}$ of a grain. After

a time stronger preparations of iron (the muriated tincture) ought to be used, alternated every second week with a mixture containing a grain of iodine, sixteen of iodide of potassium, and eight ounces of infusion of bark. Cod-liver oil should always be taken. If the patient has not shown strong signs of improvement in six weeks or two months under this treatment, our last resource must be iodide of arsenic.

Locally.—I generally use some strong caustic, as nitric acid; one or two applications I always find sufficient. It arrests the disease for a short time, and enables the internal remedies to have effect. Blistering collodion I have also seen used, and with apparently good results. An application of carbolic acid, or an ointment of iodide of mercury is generally of great service.

Other Remedies recommended, as External Applications.—Sulphurous baths, animal oil of Deppel, nitrate of silver, potassa fusa, actual cautery, nitrate of mercury, chloride of zinc, caustic potash, iodide of mercury, butter of antimony, tannic acid and glycerine, Vienna paste, arsenical powders and pastes, chromic acid, and muriate tincture of iron have been used.

Other Remedies recommended.—Internally. Donovan's

solution and Conium by several authors. Cazenave recommends Chloride of Calcium in doses of from 15 to 20 grains daily in some vegetable infusion, or a tablespoonful of solution of hydrochlorate of lime (one drachm to the pint of water) may be given every morning; this dose to be increased every eight days by a tablespoonful until 10 or 12 are given in a day. Arsenic by many authors. Walshe advises Arsen. Iodid $\frac{1}{16}$ to $\frac{1}{20}$ of a grain twice a day, two hours after eating. Osbrey's formula was as follows: Liq. Arsen. et Hydrar. Iodid. gutt. 80, Aq. dest. ℥vijss., Syr. Zingib. ℥ss. M. Dose ℥j. every third hour. Biett used the following formula: Ferri Arsen. grs. iij., Pulv. Altheæ vel Glycyr. ℥ss., Syrup. Aurant. q. s. Mix and divide into 48 pills, one daily. Houghton used Hydrarg. Iodidum Viride in $\frac{1}{4}$ and $\frac{1}{2}$ gr. doses three times a day. Iodine internally and externally by Davies and Houghton, and many others. Oleum Morrhuæ (Emery and Gilbert). Burgess used Phosphorus internally in ether or oil, and externally in Camphorated oil. A solution of Carbolic acid in Glycerine (M. de Morgan). Whitehead used the same as an ointment (℥ss. to ℥); and Clayton the Aqueous solution. Collodion (Wilson). Cupri Nitras (many authors). Hyrdargy. Iodid. Rubrum, 1 part to 7 lard (many

authors). The following has likewise been recommended by McWhinnie: ℞. Hyd. Biniod. ʒj., Adipis ʒij., Emp. Opii ʒvj. The subsequent swelling to be relieved by Emollient poultices (Waring). Liq. Hydrarg. Nitratis (Biett, Cloquet). Iodine: internally and externally (Davies and many others). Sulphuris Iodidum as an ointment, grs. x.—xx., ad Adip. ʒj. (Biett). Vienna Paste: equal parts of quicklime and Potassa c. Calce, to which a few drops of spirits of wine are added to make a paste when about to be used (French and German). Zinci Chloridum one part mixed with three of Plaster of Paris (Cazenave, Ranking).

CHAPTER XXXV.

KELOID, EILOID, LEPOID.

KELOID.*

KELOID, which is a very rare disease, may be of two kinds, True Keloid, and the Keloid of Alibert.

True Keloid is characterized by the appearance of a round, slightly elévated portion of skin of a white colour, and surrounded by a vascular areola. It is generally about the size of a fourpenny piece, but may be larger or smaller. It is attended with stiffness and itching. The parts become fixed, and the muscles and tendons are stiffened in their movements, and often contracted. The skin becomes glistening and dry.

The Keloid of Alibert, which is the second variety, is marked by the development of a small, hard, irregularly oval or quadrilateral shining tubercle. It is usually depressed in the centre, and of a dusky rose colour.

* Other names,—Kelis, Kells, Cheloide, Kelois, Cheloid tumour.

There is generally a good deal of pain, often of a darting character.

The part enlarges but gradually, and becomes marked with white and red lines—the red lines being caused by vessels ramifying about its summit. It extends by a number of processes or roots penetrating into the surrounding structure.

Its most usual position is in the cicatrix of a burn. It has been frequently met with on the chest.

Pathology and Causes.—The disease is situated in the subcutaneous areolar tissue, and is, in my opinion, a mild variety of malignant disease. I have, however, seen but one case, which was sent to me by my friend Dr. Clarke. He assured me that it was pronounced, by all the surgeons who saw it, a true case of Keloid, and certainly the case presented all the appearance of that disease. At the time I saw the patient there were some glands slightly enlarged in the neck, but they were supposed to be but sympathetic. This patient died two years afterwards from malignant disease affecting the neck, and infiltrating most of the organs. There is generally some exciting cause, as burns, leeches, cupping, and the like.

Prognosis.—The disease is generally believed to be

of little importance, and as its growth is so slow, it may be looked upon as such by others; but, believing it to be malignant, I must consider it a very serious affection.

Diagnosis.—Its slow growth and peculiar appearance will render the diagnosis easy.

Treatment.—Excision has been practised, but the wounds were always unhealthy, and the disease returned. In the case I saw I endeavoured to persuade the patient to consent to its removal, but he refused. I had intended to remove the tumour and the parts in the immediate neighbourhood. Caustics and iron have been used.

EILOID.

THIS affection, which is extremely rare, was first described by Dr. John Warren. At first it presents the appearance of a small elevation without pain, redness, or heat. This gradually enlarges until it attains a large size. Now, too, the health becomes affected, and the patient dies. The tumour has a coil-like appearance. When removed it speedily returns. The only treatment which can be recommended is early excision.

LEPOID.

THIS disease, which is rare, makes its appearance in the form of one or more small circumscribed specs of a dirty greyish colour, which becomes covered with a very rough brown crust or scale resembling the bark of a tree. As soon as this falls off, a second of the same form and colour succeeds, and thus the disease may last for years. Finally, however, ulceration commences, and the skin exhibits a red glossy surface, spicular, pitted or granular appearance, from which a thin, often saneous, pus escapes. The pain is trifling, but the itching often intense. The affection seems but a variety of Lupus. The treatment consists in covering the part with some simple ointment, or with collodion. If there is a great tendency to spread, excision or caustic may be resorted to with advantage.

CHAPTER XXXVI.

ECPHYMA GLOBULUS, OR BUTTON SCURVY.

ECPHYMA GLOBULUS, or Button Scurvy, is a rare disease, generally supposed to be peculiar to the midland and southern counties of Ireland. This however is an error, as I have met it more than once in other parts of the country.

The disease is characterized by an eruption of bright red spots, about the size of a fourpenny-piece, slightly elevated above the surrounding skin, and at first perfectly dry. Gradually these spots become paler, and the surface soon after is observed to be covered by a greyish-brown crust. If this be removed, the part is found raw, and a thin watery fluid is seen to exude from fissures or cracks. If the part be pressed or rubbed, it gives rise to extreme pain. After some weeks the crusts, which have enlarged considerably,

are found to be converted into the characteristic excrescence.

When fully formed, these, which resemble a convex button, vary in size, from four-tenths to an inch and a quarter in diameter. The only constitutional symptoms are those of general debility. After some time, which varies from weeks to months, or even years, the whole mass falls off, leaving the part beneath red, tender, and somewhat hard. This condition of parts very gradually disappears, and ultimately the spot is left paler than the surrounding skin. Occasionally there is but a single spot, seldom more than five or six. The disease does not commence with either vesicle or pustule. Females are more liable to it than males. The disease is peculiar to the poor, and to those who are habitually dirty. It is generally believed to be contagious.

Pathology and Causes.—When fully formed each excrescence appears to consist of regular organized parenchymatous structure. Patterson considers it a disease of the cuticle. He thinks it is highly contagious, and not of a syphilitic origin. Neligan, on the other hand, regarded it as a variety of Rupia, of syphilitic origin and believes it may last for years.

Dr. Stapleton, who has seen many cases of the disease,

regards it as syphilitic, and has had singular success in treating it as such. One case lately in the female ward of Jervis-street Hospital was quite recovered in five weeks from the commencement of treatment.

I look on the affection as due to the poisonous action of diseased potatoes. I once saw two brothers living together, near Tuam. One had been for years the subject of Lupus, the other suffered much during the previous months from Button Scurvy. He had at the time I saw him four spots; two on the left arm, and one on the right shoulder. These were the usual button shape. The fourth, which was by far the most painful, was situated on the back of the hand, and resembled in appearance a minute horn. It was about an inch and a half in length, and of equal thickness throughout. In two months this man was quite well without any further treatment than plenty of milk and five-grain doses of Citrate of Iron and Quinine three times a day. In this case, from careful inquiry, I came to the conclusion the disease was brought on by eating diseased potatoes. I afterwards saw a similar case, near Athenry, which I traced to the same cause.

Treatment.—The treatment consists in administering strong beef-tea, animal food, and stimulants, together

with Iron and Quinine. Good milk is also a useful adjunct. This treatment has always cured the cases with which I have met. If however this should not succeed, I would recommend following Dr. Stapleton's method, and treat the affection as secondary Syphilis.

Neligan believed it could only be cured by the internal administration of mercury. Carmichael advises cleanliness, warm baths, Plummer's pill, and sarsaparilla. Patterson cured it by the second application of nitrate of silver, and also by the use of sulphate of copper. Osbrey cured one case with Iodide of Potassium. This however failed with a second case. Mercury also failed, and it was ultimately cured by Donovan's solution (the Liquor Arsenici et Hydrargyri Iodidi) in one month. Graves found that the patient was soon well after he was salivated.

CHAPTER XXXVII.

VERRUCA.

VERRUCÆ, popularly known as warts, consist of an enlargement or hypertrophy of the papillæ of the skin. Their size varies from that of the head of a pin to half an inch in diameter, or even larger.

The affection is confined to young persons, warts seldom commencing in after life. They sometimes make their appearance suddenly.

Warts are occasionally contagious. In some cases the popular idea that the blood from a wart will produce the disease is not without foundation.

Verruca simplex is the common variety of wart which occurs most frequently on the hands of young people. Sometimes there is but one, but most frequently there are several. The outer layer of the epidermis is converted into a horny substance, which forms a kind of

sheath, in which may be contained several enlarged papillæ.

Verruca digitata is an unusual variety of wart, occurring on the head in places covered by hair. It is larger than Verruca simplex, and is usually narrow at the base.

Subungual warts, as the name implies, occur as a soft variety under the nail. They usually occasion some pain.

Verruca confluens is a name applied to a number of enlarged papillæ growing together, and little altered. They can easily be separated to show the different papillæ.

The name Verruca necrogenica is applied to a group of warts which often occur on the back of the finger-joints in persons who are constantly engaged making post-mortem examinations.

Pathology and Causes.—Verrucæ are essentially an enlargement of the papillæ, with an increase of their vascularity.

There is often a natural predisposition to the affection. Friction or irritation is, however, the usual cause. They frequently originate from the irritation occasioned by the discharges in syphilis and gonorrhœa. Sweeps, and

persons constantly engaged in post-mortem examinations are subject to them. Sometimes they are contagious, and the blood from some varieties of warts has been known to produce the disease, but those are notably specific.

The treatment of Verruca may be considered under three heads: excision, caustic, and ligature.

Excision is applicable to cases which are rapidly growing, or to those which are so numerous and so closely aggregated as to form too extensive a surface for caustic. Whenever a large mass is to be excised, an actual cautery should always be at hand, as they invariably bleed profusely, and occasionally the ordinary means will not check the hæmorrhage. It is well to remove a portion of the skin surrounding the growth.

Caustic is the best method of removing most warts. For this purpose nitric acid, nitrate of silver, or glacial acetic acid, may be selected. If a second application be required, the part should be previously pared.

Ligature, or the ecraseur, is most applicable to that variety which is narrow at the base.

The other Remedies recommended are:—Cutting off

the surface from time to time, and applying Nitric Acid. Creosote (Rainey). Acetic Acid, by many authors. Solid Nitrate of Silver applied twice a week. Powdered Sabin (Cullen). Equal parts of Alum and Sabin (M. Vidal de Cassis).

CHAPTER XXXVIII.

CLAVUS.

CLAVUS (or corn) consists in a thickening of the epidermis, and its conversion into a horny substance. It usually occurs on places which have been subject to pressure. The toes are its most frequent seat. The hardened mass, pressing on the morbidly sensitive papillæ beneath, produces much pain. They are most troublesome in warm and moist weather. Sometimes inflammation occurs, and pus may form, or they may ulcerate.

Corns are either hard or soft. When they occur on a free, dry surface, exposed to pressure, they are hard. When they are situated on a part where pressure is not so severe, such as between the toes, where they are subject to irritation and moisture, their character is changed; they are more fleshy and soft in texture, and highly sensitive. In this latter variety the papillæ are probably enlarged.

Treatment. — The treatment consists in gradually

paring them away, and then protecting the part from pressure. Removal of the cause is essential for cure. The part may be softened by means of a solution of carbonate of soda, or a few drops of glacial acetic acid applied with a camel's-hair brush. Nitrate of silver may sometimes be applied when the corn is pared. Before removal it is well to apply a carbonate of soda lotion, covered with oiled silk, for some hours before the operation. A soft corn may be treated by separating the sides of the toes by means of a piece of lint, and touching them with muriated tincture of iron; or by dusting the part with sulphate of zinc or acetate of lead.

The following Remedies have also been recommended:— Nitric Acid. Creosote freely applied and kept *in situ* for three days by adhesive plaster (Rainey). Acetic Acid (many authors). Solid Nitrate of Silver, by Higginbottom. The corn should be first soaked in hot water and pared down. The caustic should then be passed lightly over, and this repeated every ten or twelve days. Strong Tint. Iodini (℥ij. ad alcohol ℥j.) (Davies and Henderson). An alcoholic solution of Hydr. Corrosiv. Subl., by Wardrop. The corn to be soaked and pared down. One or two applications complete the cure.

CHAPTER XXXIX.

CALLOSITIES.—CORNUA, OR HORNS.

CALLOSITIES.

By Callosities is meant a thickening of the cuticle and its partial conversion into a horny substance. The affection is of no importance, and is often omitted from works on cutaneous diseases.

The palm of the hand and sole of the foot are the places on which it is seen. Occasionally the parts beneath are inflamed, and there is much suffering, especially when there is a collection of pus.

The cause of this disease is constant pressure.

Treatment.—Removal of pressure and the application of glycerine will cure the disease. If matter forms beneath it, free exit should be immediately given.

If it be desirable to remove the disease by ablation, the parts may be softened by means of a piece of lint soaked in a solution of carbonate of soda, and covered with oiled silk.

CORNUA.

HORNS growing from the human skin are not very unusual. They vary in length from one to three inches, and are either straight or curved. Sometimes they are found in connection with malignant disease. More usually, however, they exist independently of any other affection.

Pathology and Causes.—They consist of scales of epithelium, compressed and converted into a horny substance, sometimes containing a fibrous core derived from the cutis vera. They are occasionally produced from sebaceous cysts, and sometimes grow from the vicinity of the nails. Irritation may produce them.

Treatment.—This consists in complete removal, together with a portion of the integument on which the substance is situated.

CHAPTER XL.

*CONDYLOMATA.**

CONDYLOMATA consist of soft fleshy tumours, which grow either from the skin or the mucous membrane, and are found where these two structures join.

The margin of the anus, the vulva, and the prepuce are the parts on which they are most frequently situated, but occasionally they are found near the mouth or nose. They are usually red, or reddish-white, and may be hard or soft, according to their position on the skin or mucous membrane.

Their shape, size, and number vary considerably. Sometimes they are flat and broad, at other times conical, and often form a sort of cauliflower excrescence.

Pathology and Causes.—They are probably the papillæ of the skin enlarged and vascular. Simon, who regards

* Other names—Papules muqueuses (Ricord); Condylomata lata (Simon).

them as new growths, has many followers, and many think with Lebert that they are an epidermic formation. They are generally syphilitic, and are caused in many instances by the irritation of blennorrhagia and dirt.

Treatment.—The treatment consists in removal by means of ligature or caustic; the knife may likewise be used. The health must be improved, and cleanliness enjoined.

Creosote has been used by Hahn and Friche.

CHAPTER XLI.

NÆVUS.—NÆVUS LENTICULARIS, OR MOLES.

NÆVUS.

VASCULAR NÆVI of the skin are what are popularly known as fruit or port-wine marks. They are congenital, and vary very much in colour. Occasionally they become much paler with the growth of the child, but more usually they remain during lifetime.

Pathology and Cause.—They are due to an increased capillary circulation, and are said often to be caused by maternal desires for certain articles of food, or by strong impressions made on the mind of the mother whilst pregnant.

Treatment.—The best method of cure, when they are small, is by vaccinating the affected part. Caustic and ligature may also be used; but as all surgical works

treat of this disease more fully, I do not think it necessary to enlarge further on the subject.

Other Remedies recommended.—Acetic Acid, by Dr. Behrend. In cases of small Nævi he applies strong Acetic acid, followed by compresses soaked in vinegar. Deffenbach recommended a compress of lint, frequently wet with alum. Tartar Emetic, by Zeisse, as a plaster containing grs. xvj.—xviij. to 3j. of diachylon (Waring). Bugalshy used Creosote twice daily for some weeks. Cooper, Foster, and others, injected Ferri Perchloridum. (N.B.—Carter records a case of instantaneous death therefrom). A piece of lint steeped in pure Liq. Plumbi fastened over the part with a bandage and kept constantly wet with solution without removing (Dr. Deffenbach and Sigmund). Potassa Caustica (Wardrop). Dr. Mangenot found powdered Nitrate of Potash rubbed lightly over the surface, effectually to remove it. Spirit and Liq. Potassæ constantly applied (Bateman). Threads soaked in Sulphate of Copper (Darley).

NÆVUS LENTICULARIS, OR MOLES.

THESE consist of round or oval, yellow, brown, or black spots, which are sometimes raised, and at other

times on the same level as the surrounding skin. They are always congenital, and hairs are often developed on them. Occasionally moles ulcerate, and then may occasion much suffering. The treatment consists in removal, the marked structures being included in an elliptical incision, and the wound if possible healed by first intention. Or if the child be vaccinated in the spot (as I have frequently done for vascular Nævi), they generally disappear.

Other Remedies recommended.—Acetic Acid. Potassa Caustica.

CHAPTER XLII.

EPHELIS.—EPILIS MELAINA (BRONZED SKIN).—EPHELIS LENTIGO.

EPHELIS.

THE term Ephelis is generally now used to express an increase of pigment in the deepest layer of the skin. Its most usual form is in small, liver-coloured, or dark yellow spots. At first they are small, but often unite and form a large patch. They are sometimes attended with slight itching. The affection occurs at all ages, and is much more frequent in women. The chest and abdomen are its most usual seats, but I have frequently seen it on the face.

Pathology and Causes.—It is due to a development of pigment in the skin. Its most frequent cause is pregnancy; it also occurs just before the menstrual period with many women. In both these cases it is of a much lighter colour, and disappears immediately after delivery,

or as soon as the menses have subsided. This disease differs from Chloasma in the spots being much smaller and of a lighter colour.

Treatment.—The general health should be attended to, the bowels regulated, and, if there be no traceable cause, an alkaline lotion or blister ordered. If this fail, the following will often effect a cure: ℞. Aq. Calcis ℥j., Ol. Olivæ ℥j., Liq. Ammoniæ ʒss. M. Fiat lotio.

Other Remedies recommended.—℞. Liq. Arsen. et Hydrar. Iodid. gutt. 80, Aq. dest. ℥viij., Syr. Zingib. ʒss. M. Dose ℥j. every third hour (Osbrey). Creosote (Copland). Hydrar. Corrosivum Sublimatum (*vide* Acne). Liq. Potassæ ʒj., Aq. Rosæ ℥ij. M. Ft. lotio (Todd). Acid Sulp. dil. (℥j. of Acid to ℥viij. of water), Bateman.

EPILIS MELAINA (BRONZED SKIN).

In suprarenal Melasma, commonly known as Morbus Addisonii, there is invariably a general bronzing of the skin. It occurs in patches of a greenish-brown colour, giving the skin a somewhat mottled appearance. This condition, in relationship with disease of the suprarenal capsules, was first described by Dr. Addison. Many authorities, however, deny the connection between

these two affections, and it is certain that a similar condition of the skin may exist without symptoms of the suprarenal disease.

It is accompanied by anæmia, wasting, gastric irritation, and debility.

Pathology and Causes.—The colour is due to an increase of pigmentary deposit in the deeper layers of the cuticle. It is accompanied by a putty or chalk-like condition of the suprarenal capsules.

Treatment.—This consists in endeavouring to restore the healthy condition of the stomach by the use of bitter tonics and regulated diet. If it can be borne, iron is the best internal remedy during the course of the disease. If the gastric irritation increase, stimulating and nutritive enemata should be administered.

Brookes recommended the following formula: ℞. Ol. Terebinthinæ gutt. 25, Aq. Cinnam. ℥j., Liq. Aurant. ʒj. M. Fiat haustus, ter in die sumend.

EPHELIS LENTIGO.

EPHELIS LENTIGO is the affection so well known by the name of freckles. These are sometimes congenital, but are more usually caused by heat and light of the

sun. They occur in numerous small brown or fawn-coloured spots. Sometimes these are few, at other times much more numerous. Fair-complexioned persons are more usually affected. The forehead, cheeks, neck, and hands are the parts where they generally appear.

Pathology and Causes.—Freckles depend on an increase of pigment in the epidermic cells. The direct rays of the sun are the most usual cause.

Prognosis.—Congenital freckles cannot be cured ; the others can not only be lessened, but may often be removed by treatment.

Treatment.—The treatment consists in the use of some cool alkaline lotion. Wilson recommends lime-water and olive oil ; Neligan, the following lotion : ℞. Liquoris Sodæ Chloratæ ʒij., Aquæ Sambuci ℥vij., Aquæ Lauro-cerasi ʒvj. M. Fiat lotio. In my own practice I ordered a little black wash, or a lotion made with carbonate of soda. Eau de Cologne and water, or bran-water, will considerably lessen the affection.

Glycerine and cold cream act as preventives.

Sunburn in dark persons is the same class of affection as Ephelis lentigo, and may be similarly treated. In the former, however, there is often a good deal of redness,

constituting a variety of Erythema, and occasionally blistering of the surface, forming Eczema solare. Juniper tar soap, carbolic acid in glycerine, will considerably lessen the affection if applied when it is but recent. Strong solutions of soda will, when all irritation has ceased, remove the brownish discoloration which remains.

Todd recommends the following: ℞. Liq. Potas. ʒj., Aq. Rosæ ʒij. M. Fiat lotio. ℞. Aq. Calcis, Ol. Olivæ āā ʒj., Liq. Ammoniæ ʒ ss. Ft. lotio.

CHAPTER XLIII.

*CHLOASMA.**

CHLOASMA, or Liver-Spot, is considered by most writers to be the same affection as Pityriasis versicolor. This, however, is an error. Some years ago I saw two cases in the Hospital St. Louis in Paris, which convinced me that these are two distinct diseases. To which the parasite belongs I do not know, but it more probably belongs to that which is accompanied by desquamation, viz., Pityriasis versicolor, it being generally supposed that the growth of the plant breaks up the epidermic scales.

I have seen, within the last few years, several instances of true Chloasma. On one occasion two patients presented themselves at the dispensary of Jervis-street Hospital. One was undoubtedly Pityriasis, with light brown, irregular, slightly-elevated discoloration, and an abundant mealy desquamation. The other had two large liver-coloured stains, without ele-

* Syn.: Liver-Spot (popular); Pityriasis Versicolor of many authors.

vation or desquamation. The disease was, however, accompanied by constant itching, which was the cause of the patient applying for advice.

The affection is marked by the appearance of a spot which varies much in colour, but is usually a dark brown. This may appear on any part of the body, but is most frequently seen on the trunk and root of the neck. It gradually enlarges, and may attain any size. The affection is not accompanied by desquamation, but is usually attended with itching.

Pathology and Causes.—It is due to an increase of pigment.

Diagnosis.—The disease is to be known from Ephelis by the larger size of the spot, together with its deeper colour. The absence of desquamation readily distinguishes it from Pityriasis Versicolor.

Prognosis.—It is a harmless affection, and may be cured.

Treatment.—The treatment consists in applying blistering collodion to the part, at the same time administering a mercurial purge, followed for a few days by a saline mixture. Then the patient should be put on a nitro-muriatic acid mixture. After ten days of such treatment, muriated tincture of iron should be given for two or three months in small doses (iij. ♏

three times a day). Sometimes a cure is effected by the use of sulphur-vapour baths.

Other Remedies recommended.—Arsenic, by Wilson. Ung. Hydr., internally, preceded by emollient poultices. Borax, ʒss. ad Aq. ʒviij., by Pareira. Sulphurous Acid has been used by Jenner.

CHAPTER XLIV.

VITILIGO, OR LEUCOPATHIA.—ONYCHIA.—INGROWING TOE-NAILS.

VITILIGO.

THIS is a disease of little importance. It consists usually of a number of white, round spots, which gradually enlarge and form one or more white, shining, irregularly-shaped patches. Their most usual situation is the chest or back, but they sometimes occur on the face, head, or some portion of the genitals. If hair grow on the part, it turns white, and some authors affirm that it falls out. Thus it is occasionally seen as a white patch of hair in the centre of a black crop. It may affect people of any age. One case is

recorded in which a spot appeared on a negro, and gradually spread until the whole skin had lost its dark colour.

Pathology and Causes.—The disease is due to loss of pigment at certain places. The cause is unknown.

Prognosis.—It is almost impossible to cure.

Treatment.—This must consist in exciting a flow of blood to the part, by stimulating applications, ointment, and lotions containing oil of rosemary, balsam of Peru, turpentine, and the like. Internally, iron or nitrate of silver would be the best medicines to try.

ONYCHIA.

ONYCHIA is the name given to ulceration about the nails, generally commencing in the immediate neighbourhood of the matrix. It is often caused by a bruise occurring in persons who are in a bad state of health. The end of the affected finger swells, and the nail becomes loosened by effusion between it and the matrix. The ulcer itself is often fetid. The bone frequently becomes necrosed if the disease be left to itself.

If the affection be of a specific character it is termed Onychia maligna. If traceable to syphilis, it is called syphilitic Onychia.

Treatment.—The treatment consists in the improvement of the general health, and the dressing of the ulcer with black wash or some other suitable lotion. Colles used mercurial fumigations directed on the ulcer. Evulsion of the nail is sometimes advisable.

Resolution has occasionally followed the application of Nitrate of Silver in the early stage, or the plunging of the affected member into (first) very hot, and then very cold water. Argenti Nitrass (Liston). In Onychia maligna the application of diluted Liquor Arsenicalis (ʒij. to ʒij.) has cured. Mr. Luke uses Arsenious Acid gr. ij., Lard ʒj., as an ointment. Alcantara used equal parts of Ferri Perchloridum and lard. Wardrop employed Calomel in three cases. When ptyalism appeared, the sores assumed a healthy appearance, and bulbous swelling gradually diminished. A strong solution of Corrosiv. Subl. has been used externally. Davies applies, two or three times daily, a strong alcoholic solution of Iodine, gr. xi., ad Sp. Vini Rect. ʒj. Liquor Plumbi Subacetatis has been recommended by many authors.

INGROWING TOE-NAILS.

INGROWING TOE-NAILS are usually produced by the pressure of ill-fitting boots, pushing the flesh over the nails. Sometimes, however, the affection occurs without any obvious cause, and it often seems to be hereditary.

The disease essentially consists in a vicious formation of the nail, which causes the edges to become inverted and buried in the surrounding soft parts. Inflammation, accompanied with much pain, soon ensues; the part ulcerates, and discharges unhealthy pus. After a short time this becomes covered with unhealthy, fungous granulations. The great toe is the one most usually attacked.

Paring the centre of the nail will generally suffice to effect a cure if practised early in the affection. In a later stage the treatment consists in cauterizing or removing the flesh by means of the knife. Evulsion of the whole or part of the nail is sometimes necessary.

APPENDIX.

CLASSIFICATION OF SKIN DISEASES.

MERCURIALIS classified all Skin Diseases according to the regions of the body on which they occurred; *e. g.* "Eruptions of the Head," and "Eruptions of the Trunk."

RIOLANUS, 167–,
AND
PLENCK, 1776.

1. MACULÆ.
2. PUSTULÆ.
3. VESICULÆ.
4. BULLÆ.
5. PAPULÆ.
6. CRUSTÆ.
7. SQUAMÆ.
8. CALLOSITATES.
9. EXCRESCENTIÆ CUTANEÆ.
10. ULCERA CUTANEA.
11. VULNERA CUTANEA.
12. INSECTA CUTANEA.
13. MORBI UNGUIUM.
14. MORBI PILORUM.

WILLAN, 1798.

1. PAPULÆ.
2. SQUAMÆ.
3. EXANTHEMATA.
4. BULLÆ.
5. VESICULÆ.
6. PUSTULÆ.
7. TUBERCULÆ.
8. MACULÆ.

1. *Papula, or Pimple.*—A small and acuminated elevation of the cuticle, with an inflamed base, not containing a fluid nor tending to suppuration.

2. *Squama, or Scale.*—A lamina of morbid cuticle, hard, thickened, whitish, and opaque.

3. *Exanthema, or Rash.*—Red patches on the skin, variously figured, in general confluent, and diffused irregularly over the body, leaving interstices of a natural colour.

4. *Bulla, or Bleb.*—A large portion of the cuticle detached from the skin by the interposition of a transparent watery fluid.

5. *Vesicula, or Vesicle.*—A small, orbicular elevation of the cuticle, containing lymph, which is sometimes clear and colourless, but often opaque and whitish, or pearl-coloured.

6. *Pustula, or Pustule.*—An elevation of the cuticle, with an inflamed base containing pus.

7. *Tuberculum, or Tubercle.*—A small, hard, superficial tumour, circumscribed and permanent, or proceeding very slowly to suppuration.

8. *Macula, or Stain.*—A permanent discoloration of some portion of the skin, often with a change of its texture, but not connected with any disorder of the constitution.

LORRY, 1777.

1. Those arising from External Causes.
2. Those arising from Internal Causes.

BATEMAN.

N.B.—Same as Willan.

ORDER I.—Papulæ.

Strophulus, Lichen, Prurigo.

ORDER II.—Squamæ.

Lepra, Pityriasis, Psoriasis, Ichthyosis.

ORDER III.—Exanthemata.

Rubeola, Roseola, Scarlatina, Purpura, Urticaria, Erythema.

ORDER IV.—Bullæ.

Erysipelas, Pompholyx, Pemphigus.

ORDER V.—Pustulæ.

Impetigo, Variola, Porrigo, Scabies, Ecthyma.

ORDER VI.—Vesiculæ.

Varicella, Rupia, Vaccinia, Miliaria, Herpes.

ORDER VII.—Tuberculæ.

Phyma, Sycosis, Verruca, Lupus, Molluscum, Elephantiasis, Vitiligo, Acne, Frambœsia.

ORDER VIII.—Maculæ.

Ephelis, Spilus, Nævus.

ALIBERT.

N.B.—Alibert first adopted a regional classification; afterwards he formed his l'Arbre des Dermatoses, which was as follows:—

1. Dermatoses Eczemateuses.
   Erythème, Pemphix, Erysipèle, Zoster, Phlyzacia, Cnidosis (Urticaria), Epinyctide, Olophlyctide (Herpes), Ophlyctide (Aphtha), Pyrophlyctide (malignant Pustule), Anthrax, Furunculus.

2. Dermatoses Exanthémateuses.
   Variole, Roseole, Vaccine, Rougeole, Clavelée (sheep), Scarlatine, Varicelle, Milliare, Nirle (varioloid).

3. Dermatoses Teigneuses.
   Achore (Crusta Lactea), Favus, Porrigine, Trichoma (Plica Polonica).

4. Dermatoses Dartreuses.
   Herpes (Squamous), Mélitagre (Impetigo), Varus (Acne), Esthiomène (Lupus).

5. Dermatoses Cancéreuses.
   Carcie, Kéloide.

6. Dermatoses Lépreuses.
   Leuce (Leprosy), Éléphantiasis, Spiloplaxie, Radezyge.

7. Dermatoses Véroleuses.
   Syphilis, Mycosis (Frambœsia and Molluscum).

8. Dermatoses Strumeuses.
   Scrofule, Farcin.

9. Dermatoses Scabieuses.
   Gale, Prurigo.

10. Dermatoses Hémateuses.
    Péliose (Purpura), Pétéchie.

11. Dermatoses Dyschromateuses.
    Panne (Chromatic), Achrome (Vitiligo).

12. Dermatoses Hétéromorphes.
    Ichthyose, Onygose, Tylosis, Dermatolysie, Verrue, Néve.

HEBRA.

I.—HYPERÆMIAS.
II.—ANÆMIAS.
III.—ANOMALIES OF SECRETION.
IV.—EXUDATIVE DISEASES.
V.—CUTANEOUS HÆMORRHAGES.
VI.—HYPERTROPHIES.
VII.—ATROPHIES.
VIII.—NEOPLASMS.
IX.—PSEUDOPLASMS.
X.—ULCERATIONS.
XI.—NEUROSES.
XII.—PARASITIC.

NELIGAN.

1.	EXANTHEMATA ...	Erythema, Erysipelas, Urticaria, Roseola, Rubeola, Scarlatina, Variola and its allies.
2.	VESICULÆ	Eczema, Herpes, Pemphigus, Rupia, Scabies.
3.	PUSTULÆ	Acne, Impetigo, Ecthyma, Furunculi.
4.	PAPULÆ	Lichen, Prurigo.
5.	SQUAMÆ	Psoriasis, Pityriasis.
6.	HYPERTROPHIÆ ...	Ichthyosis, Molluscum, Stearrhœa, Elephantiasis and its allies, Verruca, Clavus, Callositates, Condylomata, Nævus.
7.	HEMORRHAGIÆ ...	Purpura.
8.	MACULÆ	Vitiligo, Ephelis.
9.	CANCROIDES	Lupus, Keloïs.
10.	DERMATOPHYTÆ ...	Porrigo, Sycosis.

Supplementary Groups:

SYPHILIDES.
DISEASES OF THE APPENDAGES OF THE SKIN.

1. CHROMATIC ...	Manifesting changes of colour for the most part symptomatic of some constitutional vice or cachexy.	Leucopathia, Chlorosis, Cyanosis, Icterus, Melanosis, Nitrate of Silver Stain, Bronzed Skin of Addison, Purpura, Eczema *rubrum*, Lepra *alphoides*, L. *nigricans*, Pityriasis *versicolor*, P. *nigricans*, Maculæ, M. *hepaticæ*, Herpes *iris*, Ephelis, Lentigo, Vitiligo, Moles, Syphilides, Canities.
2. PHLEGMONOUS, OR ERYTHEMATOUS.	Manifesting heat, redness, tension, swelling, and inflammatory symptoms.	Erythema, Erysipelas, Urticaria, Lichen *urticatus*, Roseola, Rubeola, Scarlatina, Phlegmon, Anthrax, Eczema *acutum*, E. *rubrum*, Frost-bite, Insect-bites, Chilblain, Burns, Scalds.
3. PAPULOUS	Manifesting red points or papules, more or less raised, disseminated or confluent.	Lichen, Strophulus, Prurigo, Scabies *papulosa*, Acne *simplex*, A. *rosacea*, Urticaria *chronica*, U. *subcutanea*.
4. SQUAMOUS	Manifesting scales, loose or attached to the skin, with or without an inflamed base, often in forms more or less circular.	Lepra, Psoriasis, Pityriasis, P. *congenita*, Ichthyosis, Eczema *chronicum*, Lichen *chronicus*.
5. CORNEOUS	Manifesting horny growths or scales.	Cornua *single* or *multiple*, Ichthyosis, I. *cornea*, Horny Callosities from pressure on the hands, feet, &c., of artisans ; Clavi.
6. SEBACEOUS.....	Manifesting an unctuous secretion from the sebaceous follicles, exuding, or expressed by pressure, adherent or non-adherent to the skin.	Acne *simplex*, A. *punctata*, A. *sebacea*, Molluscum, Atheromatous Deposits and Tumours, Hordeolum.
7. VESICULAR	Manifesting vesicles, blisters, blebs or bullæ, containing a watery fluid, with lymphatic incrustations and a phlegmonous base.	Herpes, Eczema, E. locale, Scabies *vesiculosa*, Miliaria, Varicella, Pompholyx, Pemphigus, Erysipelas, Burns, Scalds, Ampullæ, Vesications from blisters, heat, or cold.

9. PUSTULAR	Manifesting pustules, blebs, or blisters, containing matter or pus, sometimes bloody, with or without an inflamed cutaneous surface or base.	Porrigo, Impetigo, Eczema *impetiginodes*, Favus, Scabies *pustulosa*, Rupia, Ecthyma, Acne *pustulosa*, Variola, Varicella, Vaccinia, Artificial Pustules.
TUBERCULAR...	Manifesting raised, often red and inflamed tubercles or swellings, sometimes single, at others confluent, occasionally suppurating and ulcerating.	Lupus and its varieties, Sycosis, Furunculi, Anthrax, Acne *indurata*, Urticaria *tuberosa*, Elephantiasis, Carcinoma, Syphilides, Scrofulous Eruptions.
10. ULCEROUS	Manifesting a solution of continuity, with or without sloughing and an inflamed base, often attended by varix, on the lower extremities.	Lupus and its varieties, Varicose *impetiginous*, *erythematous*, *eczematous*, or *ecthymatous* Ulcers; Rupia, Ecthyma, Anthrax, Furunculus, Carcinoma, Struma, Fissures.
11. PARASITICAL...	Manifesting animal or vegetable life, visible or microscopic, giving rise to various cutaneous manifestations. Mostly contagious.	Pithyriasis or Morbus pedicularis, Scabies, Pityriasis, Herpes, Porrigo, Favus, Tænia *tonsurans*, Molluscum *contagiosum*, Sycosis, Acne *punctata*, Filaria, Guinea-worm, Plica Polonica, Bites and Stings of various insects, Trichoma.
12. STRUCTURAL...	Manifesting changes or novelties of structure.	Nævi, Moles, Verrucæ, Spilus, Clavi, Cicatrices, Cutaneous Tumours, Morbid Growths of the Nails, Hair, or any other appendage of the Skin, Erectile Tumours.
13. CACHECTIC	Manifesting some general or constitutional idiosyncrasy or cachexy, congenital, supervening, or acquired.	Strumous Eruptions and Ulcers, Syphilitic Eruptions and Ulcers, Ecthyma *cachecticum*, Scorbutus, Purpura, Frambœsia, Cancerous Tumours and Ulcerations, Melanotic Tumours and Ulcerations, Elephantiasis.
14. NEURALGIC.....	Manifesting Neuralgia, with increased, vitiated, or diminished cutaneous sensibility, with or without eruptions or ulcerations.	Neuralgic Erythema, attending Tic Douloureux and some forms of Gout and Rheumatism; Impetigo *rodens*, Cutaneous tubercle, Prurigo *senilis*, P. *formicans*, Alopecia *circumscripta*, Hysterical Anæsthesia or Hyperæsthesia, Vitiligo, Elephantiasis.

I.—MACULÆ AND DEFORMITIES.

(A)—DEFORMITIES OF PIGMENTATION.
1. *Augmentation.*—(*a*) Pigmentary Nævi ; (*b*) Lentigo ; (*c*) Ephelis ; (*d*) Nigrities.
2. *Decoloration.*—(*a*) Albinism ; (*b*) Vitiligo.

(B)—DEFORMITIES OF VASCULAR STRUCTURE.
(*a*) Port-wine Marks ; (*b*) Nævi ; (*c*) Sanguineous Tumours.

(C)—DEFORMITIES OF SEBACEOUS FOLLICLES.
(*a*) Acne millaris ; (*b*) Molluscum.

(D)—DEFORMITIES OF PAPILLÆ.
(*a*) Warts.

(E)—DEFORMITIES OF EPIDERMIS.
(*a*) Corns ; (*b*) Ichthyosis.

(F)—DEFORMITIES OF DERMA.
Keloid.

II.—LOCAL INFLAMMATIONS.

(A)—ERYTHEMA.
1. *Cause local.*—(*a*) simplex ; (*b*) vesico-pustular ; (*c*) intertrigo.
2. *General symptoms.*—(*a*) papulatum ; (*b*) nodosum ; (*c*) scarlatiniforme ; (*d*) mammilatum ; (*e*) copahique.
3. *Symptomatic and Secondary.*—(*a*) læve ; (*b*) paratrimma ; (*c*) pernio.

(B)—URTICARIA.

(C)—ECTHYMA.
1. *Acute.*—(*a*) simplex ; (*b*) gangrenosum.
2. *Chronic.*—(*a*) infantile ; (*b*) cachecticum.

(D)—ZONA (H. zoster).

(E)—STROPHULUS.
(*a*) Simplex (usual varieties) ; (*b*) pruriginosus (a mixed disease).

(F)—PRURIGO.
1. *According to intensity.*—(*a*) mitis ; (*b*) formicans.
2. *According to cause.*—(*a*) scabiosa ; (*b*) pedicularis ; (*c*) strophulus ; (*d*) nervosa.
3. *According to seat.*—(*a*) podicis ; (*b*) scroti ; (*c*) pudendi.

(G)—Acne.

1. *Hypersecretion.*—(*a*) punctata; (*b*) varioliforme (molluscum); (*c*) sebacée fluente; (*d*) S. concrète; (*e*) S. cornée.
2. *Inflammatory.*—(*a*) simplex; (*b*) indurata; (*c*) rosacea; (*d*) hypertrophica.

(H)—Pemphigus.

1. *Acute.*—(*a*) neo-natorum; (*b*) of adults.
2. *Chronic.*—(*a*) diutinus; (*b*) foliaceus; (*c*) pruriginosus.

III.—PARASITIC.

IV.—ERUPTIVE FEVERS.

V.—SYMPTOMATIC ERUPTIONS.

Ex. Sudamina, Herpes, Purpura, Typhoid Spots.

VI.—DARTRES.

(A).—Eczema.

1. *According to aspect.*—(*a*) simplex; (*b*) rubrum; (*c*) rimosum; (*d*) impetigo.
2. *According to configuration.*—(*a*) figuratum; (*b*) nummulare; (*c*) diffusum; (*d*) I. sparsum.
3. *According to seat.*—(*a*) pilaris; (*b*) capitis; (*c*) genitalis; (*d*) palmaris, &c.

(B)—Lichen.

(*a*) simplex; (*b*) circumscriptus; (*c*) agrius; (*d*) inveteratus; (*e*) urticatus; (*f*) gyratus; (*g*) lividus; (*h*) tropicus.

(C)—Psoriasis.

1. *Form.*—(*a*) guttata; (*b*) circinata; (*c*) gyrata; (*d*) diffusa.
2. *Seat.*—(*a*) communis; (*b* capitis; (*c*) faciei; (*d*) palmaris; (*e*) palpebralis; (*f*) præputialis; (*g*) genitalis, &c.

(D)—Pityriasis.

(*a*) alba; (*b*) rubra; (*c*) nigra; (*d*) pilaris.

VII.—SCROFULOUS.

(*a*) Erythematous (Lupus); (*b*) Pustular (Impetigo rodens); (*c*) Verrucous; (*d*) Tubercular (with or without ulceration); (*e*) Phlegmonous; (*f*) Corneous.

VIII.—SYPHILITIC.

(*a*) Pigmentary; (*b*) Vesicular; (*c*) Papular; (*d*) Squamous; (*e*) Exanthems; (*f*) Pustular; (*g*) Bullous; (*h*) Vegetating; (*i*) Tubercular.

IX.—CANCERS.

X.—EXOTICS (not seen in France).

Ex. Yaws, Elephantiasis.

BIETT

ADOPTED WILLAN'S, WHICH HE MODIFIED.

CAZENAVE.

GROUP I.—INFLAMMATIONS.

A.—*Non-specific Eruptions* (*acute or chronic*). Erythema, Erysipelas, Urticaria, Herpes, Eczema, Pemphigus, Impetigo, Ecthyma, Sycosis.

B.—*Non-specific Eruptions* (*always chronic*). Rupia, Lepra, Psoriasis, Pityriasis.

C.—*Acute specific Eruptions.* Roseola, Rubeola, Scarlatina, Variola, Vaccinia, Varicella, Miliaria.

D.—*Chronic specific Eruptions.* Syphilides.

GROUP II.—LESIONS OF SECRETION.

A.—*Lesions of the follicular secretion.* Acne, Favus.

B.—*Lesions of the epidermal secretion.* Ichthyosis, Horns, Pellagra.

C.—*Lesions of the colouring function.* 1. Decolorations, Albinism, Vitiligo.
2. Colorations, Ephelis, pigmentary Nævi, Bronzed Skin, etc.

GROUP III.—HYPERTROPHIES.

Elephantiasis Arabica, Framboesia.

GROUP IV.—DEGENERATIONS.

Elephantiasis Græcorum, Aleppo Evil, Keloid, Lupus.

GROUP V.—HÆMORRHAGIC.

Purpura.

GROUP VI.—LESIONS OF SENSIBILITY.

Pruritus, Prurigo, and Lichen.

GROUP VII.—CORPS ETRANGERS, PARASITIC.

Acarus, Pediculus, Pulex.

GROUP VIII.—DISEASES OF APPENDAGES.

A.—Diseases of Hairs, Alopecia, Canities.

B.—Diseases of Nails, Onychia.

A. B. BUCHANAN, 1843.

CLASS I.—INFLAMMATIONS.

A.—Erythematous (diffusive). Char., acute; secretion little in amount; if any, serous, diffusive; crusts nil, or few.

1. *Erythema.*—(*a*) simplex; (*b*) papulatum; (*c*) squamosum (Pityriasis furfuracea, membranacea, and rubra); (*d*) nodosum; (*e*) strophulus.
2. *Herpes.*—(*a*) simplex; (*b*) zoster.
3. *Urticaria.*—(*a*) idiopathica; (*b*) ab ingestis; (*c*) uterina; (*d*) diutina.
4. *Dermatitis.*—(*a*) idiopathica (burns, scalds, irritants, intertrigo); (*b*) symptomatica (erysipelas).
5. Pemphigus.—(*a*) vulgaris; (*b*) foliaceus.

B.—Eczematous. Char., seat at orifices of follicles, deep layers of skin affected and thickened; crusts, secretion purulent; course chronic.

1. *Eczema.*—1st grade, dry. (*a*) E. erythematodes; (*b*) papulatum (Lichen simplex and prurigo).
   2nd grade, humid. (*a*) E. vesiculare; (*b*) E. rubrum; (*c*) pustolosum (impetigo sparsa, figurata, and pilaris).
   3rd grade, dry. (*a*) Lichen exudativus, Ec. rimosum; (*b*) Lichen ruber; (*c*) E. squamosum.
2. *Acne.*
3. *Ecthyma.*
4. *Psoriasis.*—(*a*) punctata; (*b*) guttata; (*c*) nummularis; (*d*) circinata; (*e*) gyrata; (*f*) confluens.

C.—Phlegmonous.

CLASS II.—NEW FORMATIONS.

A.—Homologous.—(*a*) epidermic; (*b*) pigmentary; (*c*) dermic.
B.—Heterologous.—(*a*) pseudoplasms; (*b*) neoplasms.

CLASS III.—HÆMORRHAGES.

CLASS IV.—DISEASES OF ACCESSORY ORGANS.

CLASS V.—DISEASES DEFINED BY UNIFORM CAUSES.

A.—Parasitic.
B.—Syphilitic.
C.—Febrile Eruptions.

THE MIXED MODE OF CLASSIFYING SKIN DISEASES.

By W. TILBURY FOX.

- 1. EPIDERMAL
  - Pityriasis.
  - Ichthyosis vera.
  - Xeroderma.
- 2. DERMAL.
  - A.—Structures Generally Involved.
    - A. Specific — Eruptions of acute specific diseases
      - Typhus, Typhoid.
      - Rubeola, Scarlatina.
      - Variola, Vaccinia.
      - Erysipelas, Varicella.
    - B. Non-specific
      - Erythematous
        - Chiefly from some blood alteration of stomach origin
          - Erythema, Roseola.
          - Rosalia, Urticaria.
        - Direct poisoning — Insect Bites and Stings.
        - Local irritation
          - Pernio.
          - Burns, Scalds.
      - Vesicular
        - Eczema, Pemphigus.
        - Herpes, Miliaria.
      - Papular — Lichen, Strophulus, Prurigo.
      - Pustular — Rupia, Impetigo, Ecthyma.
      - Sub-order Furunculi — Furunculus, Pustula maligna, Anthrax.
      - Squamous — Lepra and Psoriasis.
    - C. Degenerations
      - Homologous products
        - Elephantiasis.
        - Framboesia.
        - Keloid.
      - Heterologous
        - Strumous — Lupus.
        - Malignant
          - Epithelioma.
          - Cancer.
          - Cancroid.
          - Rodent Ulcer.
  - B.—Special Structures Individually Affected.
    - A. Diseases of the Papillæ — Warts, Corns, Callosities, Nævi.
    - B. ,, Vascular Structures — Nævi (and Purpura?).
    - C. ,, Nervous Supply — Pruritus, Hyperæsthesia, Anæsthesia.
    - D. Of Chromatic function
      - Congenital
        - Diminution of activity
          - Vitiligo.
          - Albinismus.*
        - Increase of ditto — Melasma, Nævi.
      - Secondary to blood disease
        - Leucopathia,* Melanopathia,* Chlorosis.
        - Icterus, Bronzed Skin,* Syphilis.*
      - From local causes
        - Lentigo,* Chemical Stains.
        - Ephelis.*

* N B.—Pigmentary proper.

- 2. DERMAL.
  - B.—Special Structures Individually Affected.
    - E. Glands..
      - Sweat ....
        - Excess of activity ..... Idrosis.
        - Diminution of ditto ..... Anidrosis.
        - Alteration in character ..... Chromidrosis, Osmidrosis, Hæmidrosis, &c.
      - Sebaceous..
        - Excessive secretion ..... Stearrhœa or Seborrhœa. / Ichthyosis spuria vel sebacea.
        - Retention with or without diminished secretion .....
          - Duct open ..... Comedones, Acne punctata, Xeroderma. / Cornua, Molluscum.
          - Hypertrophy of Gland Sac ..... Lichen pilaris.
          - Duct shut ..... Sebaceous, Calcareous, and Serous Cysts. / Steatoma.
        - Alteration of secretion ..... Stearrhœa flavescens. / ,, nigricans.
        - Inflammation, generally with more or less retention ..... Hordeolum. / Acne.
    - F. Nails ..... Onychia. / Psoriasis, &c.
    - G. Hairs ..... Canities, Felting. / Calvities, Abnormal Direction.

- 3. PARASITIC.
  - Diseases due to the presence of Animal Parasites, or Dermatozoa .....
    - Of body generally .... Due to the presence of
      - Scabies ..... Acarus scabiei et autumnalis.
      - Grubs ..... Steatozoon folliculorum.
      - Prurigo ..... Pediculus corporis.
      - Pruritus and Erythema ..... Leptus. / Pulex irritans (flea). / —— penetrans (chigoe). / Cimex lectularius (bug). / Filaria Medinensis.
    - Of Pubis ..... Pediculus pubis.
    - Of Scalp ..... Impetigo, &c. ,, capitis.
  - Diseases due to the presence of Vegetable Parasites or Dermatophyta (Epiphytic Diseases) .....
    - Of Scalp ..... Due to the presence of
      - Favus ..... Achorion Schönleinii.
      - Tinea tonsurans ..... Trichophyton tonsurans.
      - ,, decalvans ..... Microsporon Audouini.
      - ,, Polonica ..... Trichophyton sporuloides.
      - Case of Dr. Martin ..... Zoogloea capillorum.
    - Of Body ..... Herpes circinatus ..... T. tonsurans.
    - Of Chin ..... Sycosis ..... Microsporon mentagrophytes.
    - Eyelid ..... Tinea tarsi ..... T. tonsurans.
    - Chest ..... Chloasma ..... M. Furfur.
    - Foot ..... Madura Foot ..... Chionyphe Carteri.

Syphilis may modify most of the forms of skin disease, and is looked upon as a modifying agency, and not as deserving the formation of a special class. Syphilitic eruptions may be Pigmentary, Erythematous, Vesicular, Pustular, Papular, Scaly, Tubercular, and Vegetating.

GULL'S MODIFICATION OF WILLAN'S SCHEME.

1.—ECTOZOA.
Pediculi, Scabies.

2.—EPIPHYTES.
Porrigo lupinosa (achorion Schönleinii).
P. decalvans (microsporon Audouini ?)
P. scutulata (trichophyton tonsurans).
Pityriasis versicolor (microsporon furfur).

3.—INCREASED PIGMENT.
Ephelis, Melasma.

4.—VESICLES OF SWEAT.
Sudamina (contents acid), Miliaria (contents alkaline and opaque, inflamed sudamina).

5.—CONGENITAL MALFORMATION OF EPIDERMIS.
Ichthyosis simplex and cornea.

6.—SCALY DISEASES.
Ichthyosis senilis, Pityriasis capitis, Lepra, Psoriasis.

7.—PAPULAR DISEASES.
Prurigo mitis, senilis, and formicans, Strophulus, Lichen.

8.—OOZINGS, VESICLES, PUSTULES, BLEBS FROM COMMON INFLAMMATION.
Eczema, Psoriasis diffusa, Impetigo, Porrigo favosa, Ecthyma, Rupia, Pompholyx.

9.—INFLAMMATION OF SEBACEOUS FOLLICLES.
Acne.

10.—INFLAMMATION OF HAIR-FOLLICLES (presence of microsporon mentagrophytes).
Sycosis.

11.—EXANTHEMATOUS (RASHES).
Non-contagious.—Urticaria, Roseola, Erythema, Herpes.
Contagious.—Erysipelas, Rubeola, Scarlatina, Varicella, Vaccinia, Variola, Equinia.

12.—PURPURA.

13.—SCROFULOUS INFLAMMATION.
Lupus.

14.—THICKENING OF CORIUM AND SUBCUTANEOUS TISSUE, from Albuminous Exudation, Discoloration of Surface, Anæsthesia, Atrophy, Bullæ, Ulcerations. Cause unknown.
Morphœa, Cheloid, Elephantiasis of Greeks, Scleroma.

15.—SECONDARY TO OBSTRUCTED VENOUS AND LYMPHATIC CIRCULATION.
Impetigo scabida, Erythema læve, Elephas or Barbadoes leg.

16.—LOCAL HYPERÆSTHESIA, from changes of Skin following Venous delay.
Prurigo podicis, scroti, and pudendi.

17.—SECONDARY AND TERTIARY AFFECTIONS OF THE SKIN (Syphilitic).

WILSON'S EARLIEST CLASSIFICATION.

1. Diseases of the Derma.
2. Diseases of the Sudoriparous Glands.
3. Diseases of the Sebiparous Glands.
4. Diseases of the Hairs and Hair-follicles.

Of the first, five secondary divisions were made:—1. Inflammation of the Derma; 2. Hypertrophy of the Papillæ of the Derma; 3. Disorders of the Vascular Tissue of the Derma; 4. Disorders of the Sensibility of the Derma; 5. Disorders of the Chromatogenous Function of the Derma. The first of these subdivisions constituted six groups; viz.—*a.* Congestive Inflammation, divided into two sub-groups; the first including those affections in which both the mucous membranes and the derma are inflamed, and which are attended with constitutional symptoms of a specific kind; and the second, those in which the derma alone is engaged, and in which there are no specific constitutional symptoms; *b.* Effusive Inflammation; *c.* Suppurative Inflammation; *d.* Despositive Inflammation; *e.* Squamous Inflammation; *f.* Inflammation from the presence of Acari.

Of the second primary division, three secondary were constituted, as the diseases are attended with—1. Augmentation; 2. Diminution; 3. Alteration of Secretion.

Of the third, five secondary divisions were made, as the diseases of the sebiparous glands are dependent on—1. Augmentation; 2. Diminution; 3. Alteration; 4. Retention of Secretion; and 5. in which the Glands and adjacent Tissues are inflamed.

And the fourth include:—1. Augmented Formation; 2. Diminished Formation; 3. Abnormal Direction of the Hair; 4. Alteration of Colour; 5. Divisions of the Hairs; and 6. Diseases of the Hair-follicles.

WILSON'S CLASSIFICATION IN 1857.

I.—*Diseases affecting the General Structure of the Skin.*

1. Diseases arising from General Causes.	*a.* Erythema,	(Exanthemata, Willan.)
	Erysipelas,	
	Roseola,	
	Urticaria.	
	b. Lichen,	(Papulæ, Willan.)
	Strophulus,	
	Prurigo.	
	c. Eczema,	(Vesiculæ, Willan.)
	Sudamina.	
	d. Impetigo,	(Pustulæ, Willan.)
	Ecthyma.	
	e. Herpes,	(Bullæ, Willan.)
	Pemphigus.	
	f. Furunculus,	(Tubercula, Willan.)
	Anthrax.	
	g. Purpura.	
2. Diseases arising from Special External Causes	Scabies,	
	Malis (animal parasitic),	
	Ambustio,	
	Gelatio.	
3. Diseases arising from Special Internal Causes.	Lepra,	(Squamæ, Willan.)
	Lupus,	(Tubercula, Willan.)
	Scrofuloderma,	,, ,,
	Kelis,	,, ,,
	Elephantiasis,	,, ,,
4. Diseases arising from the Syphilitic Poison.	*a.* Erythema,	
	Roseola.	
	b. Lichen,	
	Lichen pustulosus.	
	c. Tubercula,	
	Tubercula ulcerantia.	
	d. Rupia.	
	e. Alopecia.	
	f. Onychia.	
5. Diseases arising from Animal Poisons of unknown origin, and giving rise to Eruptive Fevers.	Rubeola,	
	Scarlatina,	
	Variola,	
	Varicella,	
	Vaccinia.	

II.—*Diseases affecting the Special Structure of the Skin*

1. Vascular Structure.....	Hypertrophia venarum, Nævi vasculosi.	
2. Nervous Structure	Hyperæsthesia, Anæsthesia, Pruritus.	
3. Papillary Structure ...	Verruca ; Clavus ; Tylosis ; Pachulosis.	
4. Pigmentary Structure	*a.* Melanopathia, Spilus, Nævi pigmentosi,	Augmentation.
	b. Alphosis, Leucopathia,	Diminution.
	c. Ephelis ; Lentigo ; Chloasma ; Melasma,	Alteration.
	d. Decoloratio argentea,	(Chemical Coloration.)
5. Sudoriparous Organs ...	Idrosis ; Anidrosis ; Osmidrosis ; Chromidrosis ; Hæmidrosis.	
6. Sebiparous Organs.....	*a.* Stearrhœa simplex,	(Augmentation.)
	b. Xeroderma,	(Diminution.)
	c. Stearrhœa flavescens, Stearrhœa nigricans, Ichthyosis sebacea,	Alteration.
	d. Comedones,	(Retention, duct open.)
	Accumulationes sebaceæ,	,, ,,
	Cornua,	,, ,,
	Tubercula miliaria,	,, (duct shut.)
	Tumores serosi,	,, ,,
	Tumores sebacei,	,, ,,
	e. Acne,	(Inflammation.)
7. Hair-follicles and Hair	*a.* Hirsuties ; Nævi pilosi.	
	b. Defluvium capillorum ; Alopecia ; Calvities.	
	c. Trichiasis ciliorum, Trichiasis coacta.	
	d. Trichosis decolor, Trichosis cana.	
	e. Trichosis furfuracea, Trichosis plica.	
	f. Stearrhœa folliculorum, Erythema folliculorum, Inflammatio folliculorum, Sycosis ; Favus.	
8. Nail-follicles and Nails	Degeneratio unguium ; Onychia.	

WILSON'S CLASSIFICATION IN 1864.

1. Eczematous Affections.
2. Erythematous Affections.
3. Bullous Affections.
4. Furuncular Affections.
5. Nervous Affections.
6. Vascular Affections.
7. Hæmodyscrasic Affections.
8. Developmental and Nutritive Affections.
9. Hypertrophic and Atrophic Affections.
10. Zymotic Affections.
11. Alphous Affections.
12. Strumous Affections.
13. Syphilitic Affections.
14. Carcinomatous Affections.
15. Leprous Affections.
16. Affections of the Hair and Hair-follicles.
17. Affections of the Sebiparous Apparatus.
18. Affections of the Chromatogenous Apparatus
19. Affections of the Sudoriparous Apparatus.
20. Affections of the Nails.
21. Traumatic Affections.
22. Phylodermic Affections.

APPENDIX OF FORMULÆ.

1.

℞. Pulveris Sinapis ʒss.
Aquæ ad ʒiv. M.
Fiat haustus.

2.

℞. Cupri Sulphatis gr. x.
Aquæ ad ʒiij. M.
Fiat haustus.

3.

℞. Zinci Sulphatis gr. xxx.
Aquæ ad ʒiv. M.
Fiat haustus.

4.

℞. Antimonii Tartarati gr. ij.
Vini Ipecacuanhæ ʒij.
Aquæ ad ʒiij. M.
Fiat haustus.

5.

℞. Hydrargyri Subchloridi gr. v.
Pulveris Jalapæ gr. x. M.
Fiat pulvis, sumat nocte.

℞. Magnesiæ Sulphatis ʒij.
Tincturæ Jalapæ ʒj.
Mannæ gr. xl.
Aquæ ad ʒij. M.
Fiat haustus, primo mane sumendus.

6.

℞. Sodæ Sulphatis ʒij.
Succi Taraxaci ʒij.
Decocti Taraxaci ad ʒij. M.
Fiat haustus.

7.

℞. Tincturæ Rhei ʒij.
Tincturæ Gentianæ ʒj.
Infusi Sennæ ad ʒij. M.
Fiat haustus.

8.

℞. Magnesiæ Sulphatis ʒj.
Confectionis Scammonii ʒj.
Tincturæ Sennæ ʒss.
Infusi Sennæ ad ʒviij. M.
Fiat mistura.
Sumat cyathum vinosum secundis horis.

9.

℞. Decocti Aloes compositi ʒiv.
Tincturæ Calumbæ ʒj.
Liquoris Potassæ ʒij.
Infusi Gentianæ ʒiij. M.
Fiat mistura.
Sumat cochlearia duo ampla ter in die.

10.

℞. Sodæ Sulphatis ʒss.
Sulphuris Præcipitati ʒij.
Aquæ ad ʒxij. M.
Fiat mistura.
Sumat cochlearia duo ampla ter in die.
Signetur phiala agitata.

11.

℞. Vini Antimonialis ʒj.
Magnesiæ Sulphatis ʒj.
Liquóris Ammoniæ Acetatis ʒiv.
Aquæ Camphoræ ad ʒviij. M.
Fiat mistura, de quâ capiat cochlearia duo ampla ter in die.

12.

℞. Hydrargyri Subchloridi gr. iij.
Pulveris Rhei gr. xv.
Pulveris Zingiberis gr. iij. M.
Fiat bolus, sumat statim, et post horam repetendus, si opus sit.

13.

℞. Tincturæ Rhei ʒjj.
Tincturæ Gentianæ ʒss.
Spiritûs Ammoniæ Aromatici ʒj.
Aquæ Pimentæ ad ʒviij.
Cochlearia duo ampla ter in die sumenda.

14.

℞. Olei Crotonis ♏ vj.
Olei Ricini ʒij. M.
Fiat mistura.
Sumat cochleare minimum pro dose.

15.

℞. Tincturæ Hellebori ♏xx.
Vini Colchici ♏xxv.
Aquæ Camphoræ ad ʒij. M.
Fiat haustus.

16.

℞. Manganesii Sulphatis ʒij.
Vini Colchici ♏xxv.
Tincturæ Calumbæ ʒss.
Infusi Gentianæ ad ʒij. M.
Fiat haustus.

17.

℞. Pilulæ Colocynthidis et Hyoscyami gr. iij.
Pilulæ Assafœtidæ compositæ gr. vij.
Misce et divide in Pilulas ij.

18.

℞. Extracti Hyoscyami gr. xl.
Pilulæ Rhei comp. gr. xxx.
Extracti Nucis Vomicæ gr. iij.
Fiat massula et divide in Pilulas xv., e quibus sumatur una ter in die.

19.

℞. Zinci Sulphatis,
Extracti Gentianæ, aa gr. v.
Divide in Pilulas ij.

20.

℞. Magnesiæ Sulphatis ʒij.
Tincturæ Sennæ ʒss.
Infusi Sennæ ad ʒviij. M.
Fiat mistura.
Cyathus vinosus ter in die sumendus.

21.

℞. Magnesiæ Sulphatis ʒij.
Magnesiæ Carbonatis ʒij.
Tincturæ Colchici ʒiij.
Aq. Menthæ Piperitæ ad ʒviij. M.
Fiat mistura.
Sumat cochlearia duo ampla ter in die.

22.

℞. Tincturæ Quiniæ compositæ ʒj.
Tincturæ Rhei,
Tincturæ Lupuli, aa ʒss.
Aquæ ad ʒviij. M.
Fiat mistura.
Habeat cochlearia duo ampla ter in die.

23.

℞. Acidi Phosphorici diluti ʒij.
Tincturæ Cinchonæ compositæ ʒij.
Infusi Aurantii ad ʒviij. M.
Cochlearia duo ampla ter in die sumenda.

24.

℞. Acidi Phosphorici diluti ʒij.
Tincturæ Nucis Vomicæ ʒj.
Extracti Cinchonæ Flavæ liquidi ʒij.
Aq. Menthæ Piperitæ ad ʒviij. M.
Fiat mistura.
Capiat unciam ter in die.

25.

℞. Succi Lemonum ʒx.
Syrupi Lemonum ʒij.
Infusi Chiratæ ad ʒviij. M.
Fiat mistura.
Sumat cochlearia duo ampla ter in die.

26.

℞. Quiniæ Sulphatis gr. xxiv.
Acidi Phosphorici diluti ʒj.
Tinturæ Lupuli ʒvj.
Aquæ ad ʒviij. M.
Fiat mistura. Cujus capiat semiunciam bis terve in die.

27.

℞. Quiniæ Sulphatis gr. xxiv.
Ferri Sulphatis gr. xxiv.
Liquoris Strychniæ ♏ xxxij.
Acid. Sulphurici dil. ʒij.
Infusi Quassiæ ʒviij. M.
Fiat mistura.
Habeat cochlearia duo ampla bis vel ter in die.

28.

℞. Quiniæ Sulphatis gr. iij.
Infusi Rosæ ʒiss.
Tincturæ Rutæ ʒss.
Acidi Nitrici diluti ♏ xvj.
Syrup. Aurantii ʒj. M.
Fiat haustus, 4tâ quâque horâ sumendus.

29.

℞. Quiniæ Sulphatis gr. x.
Acidi Hydrochlorici dil. ʒj.
Tincturæ Arnicæ ♏ xxx.
Tincturæ Ferri Perchloridi ʒij.
Aquæ ad ʒviij. M.
Cochlearia duo ampla ter in die sumenda.

30.

Quiniæ Sulphatis gr. xviij.
Extracti Nucis Vomicæ gr. v.
Extracti Gentianæ q.s.
Fiant pilulæ duodecim, e quibus sumatur una ter in die.

31.

℞. Arsenici Iodidi gr. ij.
Mannæ duræ gr. xl.
Mucilaginis q.s.
Ut fiant pilulæ xx., e quibus sumatur una ter in die.

32.

℞. Misturæ Ferri compositæ,
Decocti Aloes compositi aa ʒiv.
Zinci Sulphatis gr. xij. M.
Sumat cochlearia duo ampla ter in die.

33.

℞. Ferri redacti gr. l.
Pepsinæ Porci gr. xl.
Zinci Phosphatis gr. xviij.
Glycerini q.s. ut fiat massa.
Divide in pilulas xxiv.
Sumat unam ter die.

34.

℞. Ferri et Ammoniæ Citratis gr. xx.
Spiritûs Vini Gallici ʒj.
Vini Pepsinæ ʒiv.
Aquæ ad ʒvj. M.
Fiat mistura.
Uncia bis terve in die sumenda.

35.

℞. Tincturæ Ferri Perchloridi ʒiss.
Potass. Chloratis gr. cxx.
Liquoris Arsenicalis ♏xvj.
Aquæ ad ʒviij. M.
Fiat mistura.
Sumat cochlearia duo magna ter in die statim post cibos.

36.

℞. Vini Ferri ʒiv.
Liquoris Arsenicalis ♏lxxij.
Syrupi Zingiberis ʒij.
Fiat mistura.
Capiat cochleare medium ter in die citò post cibos.

37.

℞. Ferri redacti gr. xl.
Zinci Valerianatis gr. xx.
Strychniæ gr. j.
Glycerini q.s. ut fiant pil. xxiv.
Habeat unam ter in die.

38.

℞. Zinci Sulphatis gr. xxiv.
Extracti Nucis Vomicæ gr. vj.
Extracti Rhei gr. xxx.
M. et divide in pil. xij.
Capiat unam ter in die.

39.

℞. Zinci Valerianatis gr. xvj.
Extracti Belladonnæ gr. iv.
Extracti Gentianæ gr. xxiv.
Mis. et divid. in pil. xij.
Sumatur una bis terve in die.

40.

℞. Zinci Valerianatis gr. xvj.
Zinci Phosphatis gr. xx.
Extracti Rhei gr. xxiv. M.
Divid. in pil. xij.

41.

℞. Zinci Valerianatis gr. xij.
Quiniæ Sulphatis gr. vj.
Pilulæ Rhei Comp,
Extracti Anthemidis, aa xx.
Misce et divid. in pil. xij.
Sumat unam ter in die.

42.

℞. Liquoris Ammoniæ Acetatis ʒj. v.
Spiritûs Ætheris Nitrosi ʒiij.
Aquæ Aurantii floren. ʒj.
Aquæ Camphoræ ad ʒviij. M.
Fiat. mist.
Sumat cochlearia duo ampla secundis horis.

43.

℞. Potassæ Acetatis ʒij.
Spiritûs Ætheris Nitrosi ʒij.
Spiritûs Juniperi ʒss.
Infusi Juniperi ad ʒviij. M.
Capienda coch. ij ampla tertiis horis.

44.

℞. Potassæ Bicarbonatis ℈j.
Infusi Chirettæ ʒx.
Tincturæ Humuli,
Tincturæ Zingiberis aa ʒi. M.
Fiat haustus.

45.

℞. Decocti Pareiræ ʒj.
Extracti Pareiræ liquidi ʒj.
Acidi Nitrici diluti ʒss. M.
Fiat haustus, ter die sumendus.

46.

℞. Olei Terebinthinæ,
Mucilaginis,
Syrupi Simplicis, aa ʒss.
Aq. Menthæ Piperitæ ad ʒviij. M.
Fiat mist.
Sumat coch. ij. ampla tertiis horis.

47.

℞. Potassæ Tartratis acidæ ʒiij.
Infusi Buccæ ad ʒviij. M.
Cochlearia ij. ampla ter in die sumenda.

48.

℞. Potassæ Carbonatis ʒss.
Potassæ Acetatis,
Potassæ Nitratis, aa ʒij.
Tincturæ Gentianæ ʒj.
Infusi Calumbæ ad ʒviij. M.
Fiat mistura.
Cochlearia ij. ampla ter in die sumenda.

49.

℞. Potassæ Citratis ʒiij.
Liquoris Ammoniæ Acetatis ʒiv.
Spiritûs Ammoniæ Aromatici ʒiij.
Aquæ Camphoræ ad ʒviij. M.
Habeat cochlearia ij. ampla ter in die.

50.

℞. Liquoris Potassæ ʒij.
Spiritûs Ætheris Nitrosi ʒvj.
Tincturæ Croci ʒiij.
Infusi Gentianæ ad ʒviij. M.
Capiat unciam ter in die.

51.

℞. Potassæ Tartratis acidæ ʒj.
Extracti Taraxaci gr. xl.
Decocti Taraxaci ad ʒviij. M.
m. Fiat mistura.
Habeat coch. ij. ampla ter in die.

52.

℞. Tinct. Digitalis mxxxij.
Spiritûs Ætheris Nitrosi ʒj.
Potassæ Acetatis ʒij.
Aquæ dest. ʒiv. M.
Habeat cochlearium amplum 4tâ q. q. horâ.

53.

℞. Liquoris Ammoniæ Acetatis ʒij.
Potassæ Nitratis ʒj.
Tincturæ Serpentariæ ʒiv.
Decocti Cinchonæ flavæ ad ʒviij.
M.
Sumat ʒj. 4tâ quâque horâ.

54.

℞. Barii Chloridi Liquoris ♏vj.
Decocti Cinchonæ flavæ ʒjss. M.
Fiat haustus bis quotidie sumendus.

55.*

℞. Potassii Iodidi gr. ij.
Syrupi Ferri Iodidi ʒss.
Infusi Cascarillæ ʒj. M.
Fiat haustus.

56.

℞. Potassæ Iodidi gr. xxx.
Potassæ Liquoris ♏ iv.
Decocti Ulmi ʒij. M.
Fiat haustus ter quotidie sumendus.

57.

℞. Quiniæ Sulphatis gr. xij.
Spiritûs Ætheris Nitrosi ʒiij.
Acidi Nitro-hydrochlor. dil. ʒj.
Decocti Cinchonæ flavæ ʒvss. M.
Fiat mistura, sumat ʒj. bis quotidie.

58.

℞. Syrupi Ferri Iodidi ♏xl.
Tincturæ Cantharidis ♏iv.
Decocti Ulmi ʒj. M.
Fiat haustus, ter quotidie sumendus.

59.

℞. Liquoris Ammoniæ Acetatis ʒiv.
Solutionis Morphiæ Acetatis ♏xx.
Vini Antimonialis ♏xxx.
Misturæ Camphoræ ad ʒij. M.
Fiat haustus, h. s. sumendus.

60.

℞. Potassæ Bicarbonatis ʒj.
Vini Ipecacuanhæ ʒij.
Tincturæ Hyoscyami ʒj.
Aquæ dest. ʒxvj. M.
Sumat coch. ij. ampla ʒtâ quâque horâ cum uno Succi Lemonis inter effervescentiam.

61.

℞. Acidi Nitrici diluti ♏x.
Acidi Hydrochlorici diluti ♏viij.
Tinct. Serpentariæ ʒj.
Tinct. Opii ♏v.
Decocti Cinchonæ flavæ ʒvjss. M.
Fiat haustus, ter quotidie sumendus.

62.

℞. Liq. Ammoniæ Acetatis ʒij.
Potassæ Nitratis ʒj.
Vini Seminum Colchici ♏xl.
Misturæ Camphoræ ʒiv.
Fiat mistura.
Sumat unciam ter quaterve in die.

63.

℞. Potass. Nitratis ʒj.
Spiritûs Juniperi ʒiv.
Tincturæ Cantharidis ♏xl.
Decocti Pareiræ ʒvss. M.
Sumat ʒj. ter quotidie.

* A. T. Thomson.

64.

℞. Nickel. Sulphatis gr. viij.
Syrupi Aurantii ʒss.
Acidi Sulphurici diluti ♏xvj.
Aquæ ad ʒviij. M.
Fiat mistura.
Capiat unciam ter in die.

65.*

℞. Ferri Nickelc. Mang. Phosph. ʒij.
Capiat cochl. minim. bis terve in die.

66.

Liniments, Lotions, and Ointments.

℞. Tincturæ Aconiti ʒij.
Aquæ ad ʒvj. M.
Fiat lotio.

67.

℞. Tincturæ Belladonnæ ʒjss.
Spiritûs Chloroformi ʒijss.
Aquæ destillatæ ad ʒx. M.
Fiat lotio.

68.

℞. Acidi Acetici ʒiss.
Morphiæ Acetatis gr. x.
Vini Colchici ʒiv. M.
To be applied covered with a piece of oiled cloth.

69.

℞. Tincturæ Arnicæ ʒj.
Aquæ ad ʒviij. M.
Fiat lotio.

70.

℞. Ung. Hydr. Nitratis ʒiv.
Ung. Cetacei ʒij. M.
Fiat unguentum.

71.

℞. Potassæ Subcarbonatis,
Sulphuris Sublimati, aa gr. xc.
Adipis ʒj.
Tere optime, ut fiat unguentum.

72.

℞. Liquoris Ammoniæ Acetatis ʒvj.
Spiritûs Vini rectif. ʒiij.
Mist. Camphoræ ʒvss. M.
Fiat lotio.

73.

℞. Liquoris Potassæ ʒij.
Spir. Vini rectif. ʒiv.
Aquæ dest. ʒvij. M.
Fiat lotio.

74.

℞. Plumbi Acetatis gr. xij.
Aquæ Rosæ ʒvss.
Spir. Vin. rect. ʒiij. M.
Fiat lotio.

75.

℞. Acidi Hydrocyanici dil. ʒjss.
Potassæ Liquoris ʒj.
Aquæ Rosæ ʒvss. M.
Fiat lotio, spongiâ urgente pruritu vel dolore applicanda.

76.

℞. Hydrargyri Bichloridi gr. ij.
Acidi Hydrocyanici dil. ʒij.
Misturæ Amygdalæ Amaræ ad ʒvijj. M.
Fiat lotio, ope spongiæ subinde applicanda.

* This Syrup may be had at the Apothecaries' Hall, Dublin, where it is prepared under the immediate superintendence of Mr. C. R. C. Tichborne, F.C.S. It contains 5 grains of Nickel and 75 of Manganese to the fluid drachm.

77.

℞. Iodidi Sulphuris gr. xv.
Unguenti Cetacei ʒj.
Tere, ut fiat unguentum.

78.

℞. Sulphuris Sublimati ʒvj.
Picis Liquidæ,
Adipis, aa ʒx.
Cretæ ʒiv.
Hydro-sulp. Ammoniæ ʒij. M.
Fiat unguentum.

79.*

℞. Spir. Vini rectificati ʒj.
Sulphatis Zinci ʒss.
Misturæ Camphoræ ʒiij. M.
Fiat lotio.

80.

℞. Calomelanos ʒss.
Unguenti Picis ʒij.
Unguenti Cetacei ʒvj. M.
Fiat unguentum.

81.

℞. Calomelanos ʒj.
Ung. Picis ʒiv.
Ung. Cetacei ʒj. M.
Fiat unguentum.

82.

Ceratum Galeni (Cold Cream):
℞. Olei Amygdalæ ʒxvj.
Ceræ Albæ ʒiv.
Aquæ Rosæ ʒxij. M.

83.

Cerat. Cucumis (Cucumber Pomade):
℞. Axungiæ libras ij.
Adipis Vituli semi-libram.
Liquefac semel, dein adde
Succi Cucumis Sativi uncias xxiv.

84.

℞. Chloroformi ʒviij.
Cyanidi Potassii gr. iv.
Fiat unguentum.

85.

℞. Plumbi Carb. gr. xij.
Acidi Tannici gr. viij.
Cerati Galeni ʒj.
Fiat unguentum.

BATHS.

86.

℞. Sodæ Bicarbonatis ʒivss.
Sodæ Sulphatis ʒix.
Sodæ Chlor. ʒiij.
Gelatin. ʒiij.
To be added to bath water at 60°.

87.

Nitric Acid 1½ oz.
Hydrochloric Acid 3 oz.
Hot water 15 gallons.
To be prepared in a wooden bath.

88.

Carbonate of soda 1 lb.
Hot water 30 gallons.

89.

Creasote 2 drachms.
Glycerine 2 oz.
Hot water 30 gallons.

90.

Sulphuret of Potash 4 oz.
Hot water 30 gallons.

91.

℞. Magnesiæ Sulphatis ʒiv.
Potassæ Bitartratis ʒiij.
Potassii Sulphureti ʒj.
Aquæ cong. vj.
M. pro balneo.

* A. T. Thomson.

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